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The American Journal of Clinical Medicine

(THE ALKALOIDAL CLINIC)

EDITORIAL CABINET
DR. W. C. ABBOTT DR. W. F. WAUGH
DR. W. J. ROBINSON DR. EMORY LANPHEAR
DR. A. S. BURDICK

VOL. 13 MAY, 1906 NO. 5

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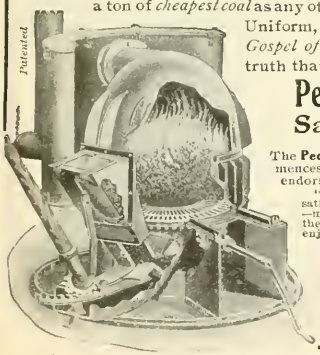

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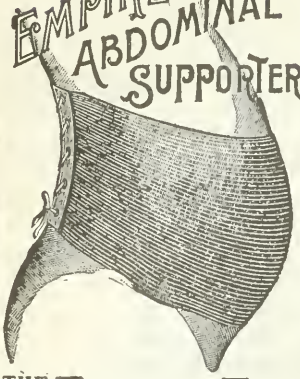

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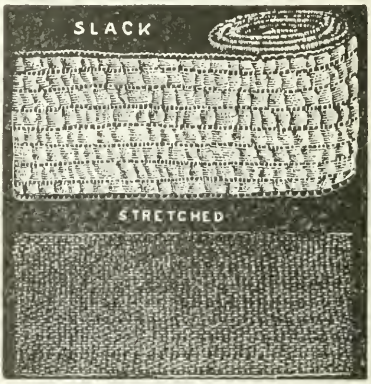

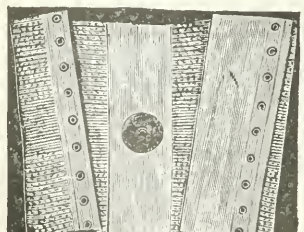

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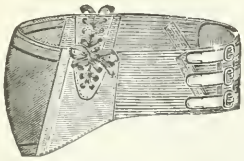

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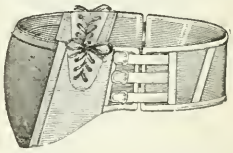

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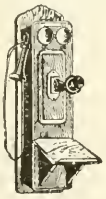

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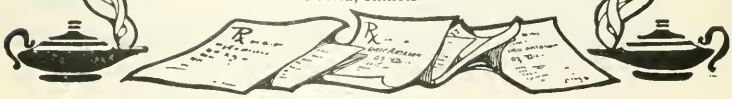

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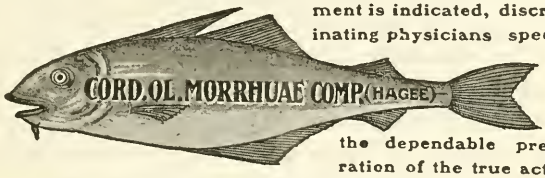

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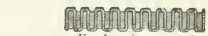

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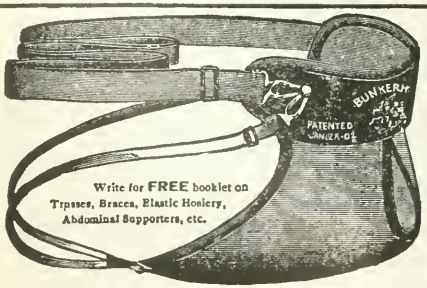

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Lac-Bismo is a pure Bismuth in a high state of sub-division, so fine and impalpable as to be difficult of estimation, and many times superior to the emulsions and mixtures of Bismuth as ordinarily used. A simple comparison under the microscope will appeal to the careful physician more eloquently than language.

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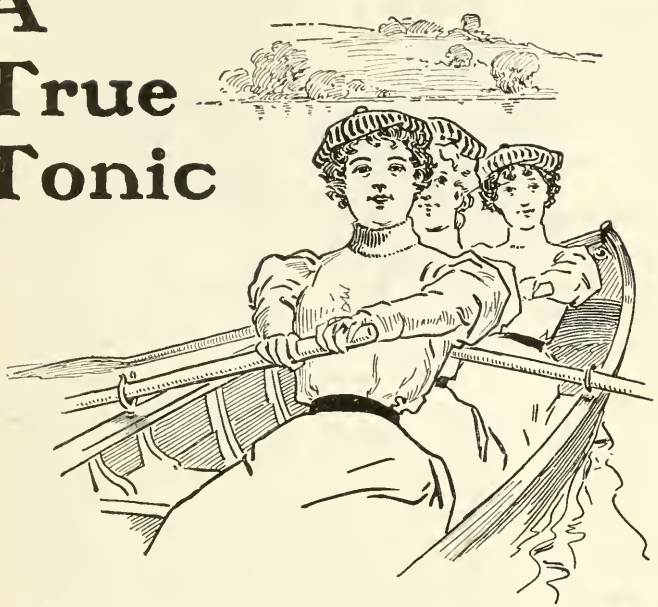

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Write us to-day, using the attached coupon, and we shall be pleased to send with the WAFERS a copy of our valuable booklet, "Hints on the Treatment of Diseases of Women," with our compliments. Address,

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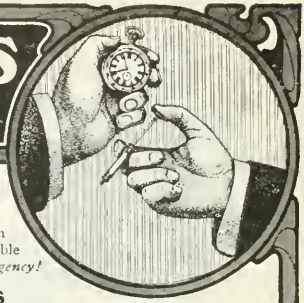

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The AMERICAN JOURNAL of CLINICAL MEDICINE
(THE ALKALOIDAL CLINIC)

Vol. 13. MAY, 1906 No. 5.

BE SURE YOU'RE RIGHT, THEN GO AHEAD.

BLEST is the Doctor who has the nerve to say frankly, "I don't know"—if such a one really exists. Does he?

In a recent number of *American Medicine,* Dr. Gould tells of a woman who during sixteen years was put through all sorts of treatment, including that applied by two general practicians, a homeopath, a quack, an osteopathist, three opthalmologists, two gynecologists, a diagnostician, a neurologist, a refractionist, the staff of a sanitarium, pregnancy and maternity, all to no purpose until finally Dr. Gould correctly measured her vision and really fitted her with glasses—with a cure inside of four days!

There are several valuable lessons to be drawn from this tale, in addition to the one the teller intended, the advisability of seeking in the eyes the causes of many obscure ailments. Beyond this we look, to see that one may possibly, out of four eye specialists, find one who will correctly diagnose and treat a case. But which of the four? Ill-natured carpers may say that the gist of Gould's publication is—go to Gould! We know better, for the strenuous Quaker would be the last of men to claim infallibility; or to deny that every physician has his notable successes to recount, when he has scared off his rivals; and eke his failures where they have scared off him. —which, like Gould, he doesn't recount.

Still further do our eyes pierce the near-by crystal to see in the distance the universal tendency of physicians to limit their views to their own specialties; to be too easily satisfied with surface indications; to stop short in their diagnosis with the first plausible hypothesis and fail to go through until absolute certainity has been reached. And yet, patients are entirely willing to pay for the trouble necessitated by such thorough work and anxious to find the man who will take the pains required.

We very much fear the Art of Diagnosis, of which we hear such encomiums, too often degenerates into a charlatanic deftness in attributing everything in sight to some ailment of the specialist's pet organ that will excuse a profitable operative procedure.

Study diagnosis broadly as well as accurately, macroscopically as well as microscopically. Study it biologically, socialogically, psychologically, as well as somatically.

But don't be satisfied with that emasculated science that stops short before arriving at the practical application, the remedy for the evil detected. Other-

wise your diagnostic labors are fruitless; your time has been wasted; your patients' interests sacrificed.

Once upon a time there were two operations extant for stone in the bladder. Under the greater operation the patient invariably died; under the lesser, he had at least a chance for his life. Consequently the profession preferred—the greater, denouncing as unworthy members those who condescended to the minor and even attempted to exact an oath from initiates that they would not perform it.

Times change, but human nature remains unaltered; the same at heart, with a little added veneer, a new layer of varnish occasionally. Be sure you're right, then go ahead; but go ahead anyway hitting the cause of the most prominent symptom square between the eyes. Do something that must help where you are going to the bottom of the malady—but go! Go unless the bottom drops out by treatment of the symptom, as it so often will when its real physiological cause is appreciated and the right remedy applied. Exact therapy based on appreciation of the physiological cause of the symptom spoils the possibility of many a brilliant diagnosis.

MEDICAL HYSTERIA.

One of the chief weapons of error is the attempt to get truth-seekers to quarreling among themselves; and by misquoting to get the unthinking and those who do not analyze closely to draw wrong conclusions.

This, in a word, is the object of what is being said today in certain circles, in a futile effort to stem the irresistible tide that has set in in favor of greater accuracy in therapeutics. A puerile attempt is being made to narrow discussion to "Liquid Medicines vs. The Alkaloids," a comparison which in no sense necessarily enters into the subject under discussion at all.

Have your medicines in the form you like best, but have them right—accurate, true, dependable! Know how they act and why—what they are, what they do and how they do it; then knowing what you need to accomplish, apply the right drug or expedient and the thing is done.

Remember that it is the quality of drug and not the wording of the label on which you have to depend for results.

If the necessarily varying preparations of the whole plant suit you, use them; but don't expect, for you can not get, the clean-cut therapeutic results possible to the user of the definite remedy of known therapeutic strength and activity.

You run your chances and take your choice.

THE SCRAP-HEAP.

Says a strong writer in *The Epworth Herald*, "Let us celebrate the scrap heap! It has helped American manufacturers to outstrip their competitors of the Old World. Other folk use a machine or an equipment until it is worn out. Your American Captain of Industry uses it only until he can get a better one. Then he "scraps" it. The plan seems wasteful, but it is the highest economy."

Our materia medica is clogged by worn out, obsolete drugs that should

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Nymphomania: Begin by a careful search for the local and remote causes before beginning on antaphrodisiacs.

Obesity: Heart tonics are usually requisite; hydrastine being one of the best as lessening the blood supply.

have been long since relegated to the scrap heap. Printers tell us that the progress in their machinery is so rapid that if a printing office is today equipped with the latest appliances, they will be obsolete before the outfit has paid for itself.

Take a look at your drugs, Doctor. Are you still using those old tinctures and extracts? Same old ones you made 'way back in '89? Same old prescriptions? Nasty, abominable in taste, uncertain and constantly deteriorating in quality, held in deserved contempt by the progressive part of the profession? You must be an awfully good man and your patients must love you dearly, must be willing to sacrifice for you, else they would have left you long ago.

This is no world for dreamers, or mossbacks. To keep up with the twentieth-century procession a man must be alert, ready, keen to see and quick to act, to seize upon all new improvements affecting his work. Every atom of gray matter we possess is needed by each of us in our business. Hungry competitors are around us, ready to challenge and fight for our right to every good thing we possess. In one way civilization seems to be resolving itself into its ultimate atoms again; the bonds of society are loosening and the selfish principle is predominant, relaxing the bonds, softening the glue, till the whole social fabric seems to be tumbling about our ears.

But this is only seemingly the case. Every part of the machinery is being tested; rusty, corroded pieces are being removed and replaced; strains eased, improvements added and antiquated parts removed to give place to better. Many times the paint and varnish of creed and formula covers rottenness, and this must make way for solid structure. Supposedly solid foundations shift and walls crack.

But while the ceaseless activity in renovation discloses decay, it is evidence of health, of abounding vitality, of a virility that says build again and quickly, better and stronger than ever before.

Time for housecleaning, Brother. Get busy. Clear out your lumber, clean up, and modernize yourself and your ideas. Your're not so old yet that you cannot change; not so encrusted that you cannot expand. Throw aside all prejudice, lift yourself out of your rut, and take part—*be* part—of this rushing, pushing, indomitable energy that pulsates through every part of the body politic— even through medicine. Make things hum!

THE DOCTOR'S WIFE.

Several times it has been suggested to us that this journal open a special department for the Doctor's Wife. We have not done so, for several reasons. One of them is that such a department could only succeed when placed under the charge of a rarely gifted woman, fully conversant with the subject, and profoundly imbued with that superabundant vitality which would pervade everything she wrote and render it of absorbing interest to her readers.

However, there is nothing to hinder our opening the pages of the JOURNAL to our helpmates, whenever any of them feels in herself a desire to speak out to her sisters. One doctor's wife, with whom we have discussed this matter, writes us the following suggestions as

Obesity: The astringent effect of strychnine or brucine is enhanced by the improvement of general nutrition.

Obesity: Calcidin for the young, iodoform for the old, to stimulate absorption of matter too weak to resist them.

to what questions might be usefully discussed in the JOURNAL:

"How to preserve the regular habits of the family and still give the unavoidably irregular bread-winner the greatest possible enjoyment of his family.

"How to manage the servants pleasantly when the order of the meal hours is disturbed.

"How to secure necessary rest and proper food and an occasional holiday for the doctor, who is often too busy to think for himself.

"How to live within an uncertain income; when the monthly income is variable one must seek to live within it and yet not stint the family of the good things they have earned.

"On the social side there comes to my mind the ever-present problem to satisfy the anxiously curious friends and relatives of a patient without intruding on the patient's privacy.

"How to give your husband the greatest possible amount of help and yet never intrude or even seem to intrude on his relations with his patients.

"How to meet the family of some other local doctor who has been, or is, most bitter and unjust in his enmity to the man you wish to serve.

"How to keep up your own social engagements and yet be always ready to share a half-holiday with your uncertain husband."

Assuredly there is food for thought in each of the points raised by our correspondent. They may each be considered by our fair readers and perhaps some of them may contribute their ideas to our pages. We occasionally hear from some good doctor's wife, and our columns are open to others who wish to "help out" with their suggestions.

THE ACONITINES.

In a circular issued by a prominent French pharmaceutic house, we notice the following statement in regard to aconitine:

"There are amorphous aconitines and others are crystallized.

"The first mentioned are not reliable in their effects and therefore dangerous, and it is only the crystallized and pure aconitine that should be used, for it is the only stable form."

Each of us is inclined to judge the elephant by the portion of the animal he appreciates through his personal sensorium, and we can not be blamed if one of us, enshrouded in darkness, feeling through the sense of touch the ear, describes the elephant as "very like a sail"; or the other of us, grasping the animal by the tail, describes his as "very like a rope." We presume from the above quotation that the amorphous aconitines supplied by France are not uniform and reliable. The amorphous aconitine employed by American active-principle manufacturers has proved, however, during an experience of many years, to be remarkably uniform and reliable; so much so that we would not be warranted in substituting any other aconitine of the many on the list for it.

Crystallized aconitine is five times as strong, but the variation in crystallized aconitines is great, even when obtained from the same manufacturer. However, notwithstanding the uniformity of strength of amorphous aconitine, no manufacturer would be justified in mak-

Obesity: Colchicine for plethoric cases, especially the young and robust; be careful in weak hearts.

Obesity: When there is dyspepsia and flatulence, give potassium permanganate, small, frequent dosage.

ing it into granules without first testing each new supply to make sure that there is no variation from the strength of previous supplies.

The perfect supervision of such potent remedies, so that every granule shall be as strong as every other one, is one of those absolute necessities without which the use of such powerful remedies is an impossibility. But it is evident that this is even more essential, and more difficult to obtain, in working with the crystallized aconitine than with the weaker preparation. While this objection does not apply to houses which supply standard granules, it is a most important consideration for the physician who prescribes granules of aconitine, to be supplied by retail pharmacists, without specifying the manufacturer.

Another objection which we must make to the literature under consideration is that it attributes to aconitine a very decided stimulant action upon the secretions, causing a considerable increase in the flow, notably, of sweat, bile, urine, etc. This is a mistake; excepting indirectly, by the relief of abnormal vascular tension, aconitine has no effect upon these secretions or on any other, excepting the salivary. This is the most notable difference between aconitine and veratrine, the latter powerfully stimulating all the excretory organs in the body. If abnormal vascular tension does not exist, no stimulation of any excretion is caused by aconitine.

It is the possibility of making just such differentiation in the application of remedies, which renders active principle therapeutics so precise a method, and draws a broad line of demarcation between the practician of this method and the man who gives "aconite" or "veratrum" indifferently.

Still another objection occurs: The Frenchman directs the dose of aconitine to be taken twice or three times a day. While the action of this drug is absolute and invariable, the reaction of the patient to it is by no means either absolute or invariable. Consequently, no living man can tell just how much aconitine will be necessary to produce a desired effect in any individual case. We therefore revert to the only scientific method of dosage—that of giving a minimum dose, too small to exert a toxic effect in any possibility whatever; and, availing ourselves of the rapidity with which the effects of a naked alkaloid are secured, rapidly repeating this small dose until exactly the desired effect has been secured, never giving too much or too little.

Until a physician has appreciated the importance of this matter, he is not a therapeutist. He may be a consummate master of the art of diagnosis, but his therapeutic instinct is as yet undeveloped. He may think he is a practician, but he is mistaken. He has not yet opened the pages of that book, much less mastered its contents. Unfortunately the truth of this assertion does not appeal to him until he has made a certain degree of progress in the art of applied therapeutics. He is ignorant, but he has not found it out; hence the difficulty for successfully appealing to him with such truths.

THE BUILDER.

To criticize the accomplishments of others, to vilify their motives without

Obesity: Anemic cases do well on iron arsenate, gr. 1-67, every two hours with a mild morning saline.

Obesity: One of the best aperients is a small evening dose of aloin, gr. 1-12, too little to cause griping.

being able to absolutely substantiate the fact of their unworthiness is a wicked thing to do, and is usually the special delight and the self-appointed function of the parasite. To attempt to create impressions tending to do injury, upon a suppositional basis, is the subterfuge of the knave and is beneath contempt.

Fortunately he who would tear down is invariably lost to sight in a few turns of life's busy wheel and the world goes on, as it ever will, doing homage to the builder.

All are architects of Fate.
Working in these walls of Time;
Some with massive deeds and great,
Some with ornaments of rhyme.

Nothing useless is, or low;
Each thing in its place is best;
And what seems but idle show
Strengthens and supports the rest.

For the structure that we raise
Time is with materials filled;
Our todays and yesterdays
Are the blocks with which we build.

Truly shape and fashion these;
Leave no yawning gaps between;
Think not because no man sees,
Such things will remain unseen.

Build today, then, strong and sure,
With a firm and ample base;
And ascending and secure
Shall tomorrow find its place.

MEDICAL SOCIETIES: GET IN: GET BUSY!

The time for the annual meetings of the medical societies is drawing near. Any physician who does not make it a practice to attend these meetings, every one that he possibly can, is making a great mistake. After we leave the medical school the tendency is to get into ruts, to fall into a routine, and this is bad for us—even if we do read and read faithfully (as we should) all the current journals and the very best of the new books.

Osler has said that every physician should make it a practice to take every fifth year for post-graduate study; and this is one good thing attributed to him—one with which we heartily concur. It is admirable advice, but unfortunately it is advice which only a few of us can follow. But the medical society is a splendid post-graduate institution and one which is accessible to the vast majority of the profession. In the society there are opportunities to hear and become acquainted with the best men in the profession; there are valuable papers on practically every subject in which the doctor is interested (except therapeutics, perhaps!); and best of all there is the opportunity to give your own experiences and sharpen your own wits in discussion. There is nothing which clarifies a man's ideas and eliminates his weak points like an attempt to write them out in the form of a paper, or submit them to the criticism, which he knows will be unsparing, in the forum of discussion.

The possibilities for usefulness of the smaller societies are not half appreciated. For instance, what it can do in the way of cultivating the social side, in bringing the doctors of a county or a community together, was shown in the excellent paper of Dr. Ussery which appeared in the Clinic for December. Every doctor ought to learn what a splendid fellow his professional neighbor is, instead of swapping gossip and bickerings about him.

Then there is the possibility of increasing the educational value of the society, as shown by that Indiana organization which rented rooms for permanent occu-

Obesity: A little cocaine before meals lessens the appetite, but lobelin is less dangerous.

Obesity: Phytolaccin pushed up to the limit of tolerance is perhaps the best single remedy and is safe.

pancy and then embarked in regular educational work, each man assuming in turn the role of teacher and student. We want to urge upon our readers the importance of doing more of this kind of work. Readers of CLINICAL MEDICINE can do most effective work in the cause of a more dependable therapy through this medium—by getting other members of your society to take up this work and urging systematic studies of drugs and of their actions. There is nothing like personal work, personal contact, to stir up interest.

So, Brothers, get into the societies, and do not be "wall flowers" either. Go in and work! Stir things up! Make your personality felt! Get rid of that feeling of awe concerning the alleged "big bugs." When you really get into close, intimate touch with them you will find that after all they are not so "stuck up" as they seem to be when viewed at a respectful and awe-inspiring distance. As a matter of fact these men just as much need to have some of the varnish of superciliousness and self-conceit rubbed off, as you need a little touching up here and there with the beautifying pigments of new ideas and self-confidence. Mix in, mix in; you will enjoy it, it will do you a world of good, and it will prepare you for the upward and onward step in professional progress which is and should be one of your dreams, and which your innate "modesty" is doing the best it can to prevent.

Like ourselves, we would that you get into the regular fixed societies, those affiliated with the A. M. A. But if for any reason you cannot—if you are a dyed-in-the-wool homeo, an eclectic-of-the-eclectics, or even if you belong to that free and easy class of good fellows who are "agin' the government" because of constitutional or associational peculiarities which are born and cultivated in you—remember that there are also societies for all of *you*. Again we say, get into them and work! Whether you are an Association man or not we hope that those of you who live in the central states of Illinois, Iowa and Missouri will join us at the meeting of the Tri-State, of which Dr. Abbott is president. The meeting will be held in June as announced, exact date in our June issue. It will be a good meeting, a working meeting. If you are not a member, send $2.00 to Dr. Emory Lanphear, Treasurer, St. Louis, and be one.

Come with us and we will do you good!

INTESTINAL ANTISEPSIS.

In the *Journal of the Michigan State Medical Society* for December, Sanderson gives the beginning of what promises to be a valuable paper on the various remedies used as intestinal antiseptics. Unfortunately the scheme is so extensive that only the commencement is given; and even with it the results are rather suggestive than conclusive. He has only taken up acetozone, administering it to dogs, after first demonstrating the presence of microorganisms in every part of their intestines.

In some cases the bowel was rendered sterile by acetozone, while in others there was no apparent benefit from the remedy, the bacteria being as plentiful as before its use. But he demonstrates the possibility of intestinal sterilization—and that's a whole lot! We are promised

Obesity: The first requisite is to have the food and drink weighed and the quantity reduced till weight falls.

Obesity: Patients are never able to estimate correctly the quantity they eat and drink without weighing.

further investigations of other agents, including the sulphocarbolates.

We must, however, warn readers that the whole of this question is not comprised in that of the destruction of bacteria. The disappearance of unpleasant odor from typhoid stools when sulphocarbolates are given in sufficient doses, with the uniform remarkable improvement in the symptoms occurring simultaneously, is a fact far better attested than are any such laboratory experiments; and the question is as to explaining this fact. If it is not explicable by the destruction of bacteria, then the bacteria are not so important an element in disease as we have been led to suppose.

PROFESSOR LLOYD GOES ABROAD.

We note in the *Bulletin of Pharmacy*, that Professor John Uri Lloyd and his family sailed recently for Naples and that he is to spend several months in the Orient pursuing botanical and other investigations for the Smithsonian Institute and the Department of Agriculture. This will be a labor of love, the kind of a "pleasure trip" that Professor Lloyd will enjoy the most. When he returns we shall expect to see, as one of its results, some notable additions to our knowledge of the medicinal plants of the East, a rich and insufficiently cultivated field. Though we do not agree with Professor Lloyd on many things, notably on the relative medicinal value of the active principle and the tincture, specific or otherwise, we are glad to add our word of appreciation of the splendid work he is doing in elevating pharmacy and therapy to the loftiest planes. Every physician, eclectic or not, owes him a debt of gratitude for his careful studies of American medicinal plants. So we strike hands with him across the sea and wish him a hearty "bon voyage," and opportunities for an abundance of work of the kind he loves best.

NO YELLOW FEVER IN LOUISIANA.

Those who delight in epigrammatic expressions may affirm that a man's rule of conduct can be comprised in the two words—"Do Right." But the ever increasing complexity of human interrelations is such, that we can scarcely take a step in any direction without being confronted with the further question, "What is Right?"

Last year, yellow fever broke out in New Orleans; and, whether justly or not, the city and state authorities were charged with having given way to the very natural impulse to conceal the presence of the fever for a time. They could hardly be blamed much if they did so, when one considers the enormous disaster entailed upon the business interests of a great commercial center, and the personal hardships endured by families disunited, persons chained to one locality when their interests demanded their presence elsewhere, etc.

Be this as it may, the present spring opens with the Louisiana authorities in a curiously irritable and sensitive condition. Smarting under the imputation of prevarication, like a high-mettled horse at the unaccustomed touch of the lash, they seemed to have determined that, come what may, not the slightest blur shall mar their escutcheon henceforth.

Obesity: By weighing we can regulate the intake so as to accurately meet the indications from day to day.

Obesity: Beware of ruthlessly cutting off the nutriment of men who have been accustomed to free living many years.

Accordingly, here in the mouth of March, while yet the pall of winter rests upon the North, and spring is just opening in this fair corner of the South, months before there is any reasonable chance of yellow fever developing—for this, like typhoid, is a malady appearing in the late summer—a case is reported under the following conditions: A bartender, living in a house where yellow fever developed last fall, fell sick with some symptoms, such as irritation of the stomach and jaundice, presenting some resemblance to those of yellow fever. The physician called in, at once sent the man to the hospital, where several fully competent specialists affirmed the diagnosis of yellow fever. Others stoutly denied this diagnosis; but public announcement was at once made of the suspicious case, and the health authorities of four neighboring states were requested to send representatives to aid in the diagnosis.

The man had apparently passed the crisis of the malady and appeared to be recovering, when some officious person informed him that he was suspected of having yellow fever. Added to this the alarm caused by the repeated visits and anxious examinations made by those who were called in consultation, and the fever returned, running up into hyperpyrexia, and the man died. The autopsy showed that this man, who was a barkeeper by trade, and had been long addicted to the excessive use of alcohol, had cirrhosis of the liver with acute nephritis. To these maladies, due to alcohol, and possibly to other toxic substances taken with it, such as absinthe, his disease and death were justly ascribed.

So far, well and good. Louisiana feels proud of this instance of her perfect probity, and she asks that henceforth, with such illustration given, her official reports shall be taken at their full face value; and certainly she has a right to expect this.

But—suppose the man had recovered; what would the case then have been recorded? Nobody had thought of cirrhosis of the liver with acute nephritis as a complication; at least, no such diagnosis was so much as hinted at in any published report of this case, until the condition was disclosed by the autopsy. It seems certain that, had not the man, in the interest of science, kindly allowed himself to be frightened to death, this case would have certainly gone upon record as one of yellow fever, and been exhibited as proof that this disease had wintered successfully in New Orleans, despite the cold of last winter; and that the malady must therefore be looked upon as endemic in that state.

It all goes to add another proof (if more be needed) to the exceeding folly of basing absolute, unqualified assertions upon such evidence as is furnished by the uncertain, ever-shifting art of medicine.

Under the circumstances it is hard to avoid the conviction that the Louisiana authorities have been gravely negligent of the true interest of their community and of the country at large. By the narrowest sort of a margin they have escaped arousing a wholly unnecessary and unfounded panic, dealing an undeserved blow to the prosperity of their community, and marring the progress of medicine by the introduction of a most disastrous falsehood into its history, one that would not have been uprooted for

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Obesity: Men over fifty bear restricted diet with difficulty; better increase the exercise and lessen drinks.

Obesity: In your enthusiasm to reduce weight, don't kill the patient. Such things are easily done, without warning.

years. This was a narrow escape.

The matter assumes a still worse aspect when we reflect how perfectly simple and easy it is to protect the community against yellow fever, had the case been really such. Simply exclude the possibility of mosquitoes attacking the patient during the few days when alone the infectious element is in such a condition that it can be imbibed by insects, to develop in them in such a manner as to allow of their transmitting it to other human beings. Frankly, we think the New Orleans profession has lost its head, and has shown a rather childish spirit, placing personal *amour propre* ahead of common sense and good judgment.

The case was promptly removed to the hospital at the first intimation of its suspicious nature; the premises were disinfected and fumigated; water tanks were screened, and such measures taken, in short, as to render subsequent infection from that case an impossibility. There the matter should have stopped, and not a word concerning the case should have been allowed to get into print. If the authorities considered it advisable to associate with them the health officials of the neighboring states, this should have been done quietly, with the strictest secrecy, until the true nature of the case had become manifest; and even then, the knowledge had much better have been confined to the health authorities whose duty it is to take proper protective measures in such cases, and not have gone to the public. We physicians have wandered too far astray from the ancient doctrine, which held that the professional knowledge imparted to us is a sacred fund; not our personal property but that of the profession at large; to be jealously guarded from the knowledge of those not entitled to share in it. It would be well if this principle were inculcated by our medical schools. As it is, we doubt whether one student in ten thousand ever has such an idea so much as suggested to him.

Once, many years ago, a man just returned from an infected port to Philadelphia, developed yellow fever at a hotel there. Not a word about it was even published; the knowledge was confined to a very few people connected with the Board of Health and nothing further came of it. The public was amply protected—much better than it could have been had the newspapers gotten hold of the affair. What more could be asked?

Personal considerations should not loom so large with any man as to make him place them ahead of the welfare of the community and the interests of the section of humanity affected by our actions. The altruistic sentiment demands even the sacrifice of our "honor" on occasion. The "saint" who allowed his aged mother to die at his door unaided because he had taken an oath never to look on the face of woman would nowadays be kicked into the kennel as a disgrace to humanity for not breaking his vow, instead of being enrolled in the sacred list. When a certain royal personage was said to have "perjured himself like a gentleman" to save a woman's honor, few acts of his career won such universal sympathetic approval.

Do we advocate lying? Hardly. But we don't have to tell all we know. There are times and occasions when a judicious use of the Silence which is "golden,"

Obesity: The rapid reduction by cathartics takes away more strength than it does fat; and the latter quickly returns.

Obesity: The most important point of treatment is reduction of water with careful increase of exercise.

will do more good than Truth shouted from the housetops.

TYMPANITIS.

A valued contemporary puts us in a painful state of perplexity by his recommendation of a colonic flushing with alum water as a remedy for tympanitis. When Rabelais affirmed that Gargantua was born through his mother's ear, and threatened the Inquisition if any one dared to doubt that if God so willed he could bring this to pass, we accepted the statement dutifully. But how can an alum injection in the colon cure an inflammation of the tympanic membrane? Were it a laxative enema we would conclude that possibly the tympanitis was due to autotoxemia, and flushing the colon by removing the cause acted as a cure. But we can not accept the alum; and ask further enlightenment from the *Medical Summary*.

BOSTON IN JUNE.

The annual meeting of the American Medical Association will be held this year in Boston, June 5 to 8. We are assured of a fine program, a largely attended and enthusiastic meeting and a lively time generally. There will be things doing! Doctor, may we not hope to see you there? Come and make your influence felt in the section work. Get acquainted with other medical men from all over the country and incubate another batch of new ideas that will help you all through the year.

Every physician should be a member of this great national society; and every member should make it a point to attend this great meeting if within the realm of possibility. Think it over, Doctor—and go! Come!

JUST A GLIMPSE!

On the evening of March 22 we left New Orleans, in the full bloom of Spring. Speeding north over the Illinois Central, we saw the first patches of snow next day near Ashley, Ill. By the time we reached Tuscola the snow was a continuous performance, and in the roads running east and west it had drifted heavily. We noted some of these roads that had not been opened, farmers preferring to keep snugly indoors and postpone their visits to town until the roads had been cleared by the snow's melting.

Along the worst of these, however, we noted a doctor's buggy, struggling laboriously through the drifts! What a world of light this little incident sheds upon these unselfish, uncomplaining, unappreciated men! We have always had a warm spot in our hearts for the country doctor, and the more we know of him and his work the warmer it grows.

"WHAT'S THE MATTER WITH KANSAS?"

Within the last few weeks the writer has been twice to meet assemblies of the Kansas physicians: the first, the County Medical Society at Ottawa; the other was of the Golden Belt Medical Society at Abilene. This being the writer's first visit to Kansas, he feels that he has added to his store of knowledge.

The country doctor is rapidly becoming extinct as a species. The men one

An aching nerve will generally be found to have a lesion outside of its so estimated idiopathic condition.—Garretson.

Brubaker cites a case of amaurosis of twelve years' duration which was cured by extracting a tooth.

meets at these societies look, dress, talk and act, as the men do at any meeting of city physicians. The papers presented are quite up to the city standard, the discussions markedly above those of the city men. Therapeutics is discussed intelligently, scientifically, without undue optimism, without a trace of the silly pessimism too often assumed by the city physician to disguise his crass ignorance. The surgical experiences described and related would astonish some men who think the city clinics and clinicians do all of this work, or at least all that is well done.

It must be very hard work for a Kansas man to keep poor; in fact, we hear that when such cases occur the patient, if inoffensive, is shipped back to his eastern friends; or if violent is sent to the asylum. Occasionally, a community maintains a poor family in order to prevent the benevolent impulses becoming atrophied from disuse. It was here in Kansas that a celebrated case occurred: Such a family having been found, the people, who do nothing by halves in Kansas, determined to set them on their feet. They therefore stocked their house with provisions and all other needed stores, filled the coal bin, clothed the entire family from head to foot, and left them with a well-filled purse. Realizing that the opportunity of their lives had come, the whole family promptly went to town and utilized the money in having their pictures taken.

In discussing the antiseptic treatment of typhoid fever, one speaker stated that while all his patients recovered since he had adopted the sulphocarbolate method, he had found intestinal hemorrhages had become so much more frequent that he had learned to expect them as a matter of course.

This is a new suggestion to us. Never in our own practice, nor in our enormous correspondence on this topic have we met this experience. We would like to hear from the readers of the JOURNAL who have had similar cases. Several possible explanations have been suggested. The alkalinity of the water used in a section might cause such a condition that the sodium of the sulphocarbolate would induce the tendency to hemorrhages. This however, is altogether improbable. The strict diet on which typhoid patients are usually placed, may, as we have long urged, induce a scorbutic condition, in which hemorrhages are common enough. This we avoid by feeding the patient from the beginning a liberal daily allowance of fruit juice. Or, as Dr. Abbott suggests, the trouble may be that the hyperemic mucosa is not sufficiently depleted by saline laxatives, which should be given throughout. Our suggestion was, that after the bowels had been completely emptied, zinc sulphocarbolate should be given, until the stools were deodorized; then calcium sulphocarbolate substituted for the remainder of the course, since it is well known that lime checks the tendency to hemorrhage; in fact it seems pretty generally admitted now that the hemostatic properties of gelatin are due to the lime it contains.

An exceedingly interesting paper and discussion on exophthalmic goiter was presented. Dr. Walker holds that the thyroid affection is not the primary disease, but that it is induced by a toxin which is formed in and absorbed from the alimentary canal. We hope to pre-

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I cured a 5-years' salivation by extracting an amalgam filling that set galvanic current with a gold one.

Neurasthenia: Hermann says "Remove conditions exhausting nervous energy; create circumstances favoring recovery."

sent our readers this suggestive paper and will not anticipate it further.

Dr. Judd presented a paper and specimens of x-ray work, which were commendable. Dr. Blesh and Dr. Dewees presented surgical papers which we hope to print in this JOURNAL. If these be country doctors, who are doing such surgery as these gentlemen describe, we do not know what the man would say who, a few years ago, published an insulting and grotesque picture of the country doctor as a surgeon, in a Michigan medical journal.

DOWIE! DOWN AND DONE!

At last! After all these years of abject slavery the Zionists seem to have awaked from their hypnotic state and shaken off the influence of the sirenic Dowie—this is written on the eve of his return to the city and the results of the coming fray may be to render the above obsolete, so we will proceed to other considerations.

The revolt against this remarkable hypnotist was not as might be expected the protest of an outraged pocket nerve, but was due to the universal acceptance of the principle of monogamy and aroused by the seductive attempts of the tertiary Elijah to sap its influence. He is charged with having by precept, and possibly example, inculcated the polygamous doctrine with his female disciples, and it is openly charged that his great scheme for a new Eden in Mexican lands was intended to be strictly patriarchal in its domestic arrangements. *Hinc illae lachrymae.*

The doctrine of monogamy has become so firmly imprinted on the moral consciousness of the present civilization that a beneficent Government, that isn't Christian enough to hurt, would probably not permit an argument against it to circulate through the mails. Nevertheless, as a minister commenting on the matter remarked in his sermon yesterday, nothing would be easier than to defend polygamy on strictly Scriptural grounds. The basis of our present monogamistic belief is Paul's remark anent the desirability of a man having one wife, and it is assumed, though not stated, that he meant no more. Paul was a confirmed old bachelor, and in other epistles recommended omitting even the one wife he here allows. His "knowledge" of womankind may be inferred from his injunction to them to keep quiet and abstain from articulation—as if such a thing were possible! Altogether, it would seem that a better authority, one more conversant with women, might have been selected for a pronunciamento that would so vitally affect their place in the world for all time to come. The facts that many men are practical polygamists, *sub rosa*, and that many women sink into premature graves in the struggle to sustain monogamic burdens their physique is unfit for, are conveniently ignored. The ostrich is not the only animal that seeks to shut out unpleasant sights by burying its eyes in the sand. Still, these are exceptions only; for the vast majority, monogamy is the right thing, and the disaster to the community caused by interfering with it would vastly outweigh the benefit to the few.

There will not be wanting those who will see in this matter another instance of the asserted tendency to mix up matters religious with matters sexual. Be-

Tooth decay could be largely controlled by using pickles for extreme alkalinity; soda for acidity.—Cheaney, *Texas M. J.*

Neel reports an intentional abdominal section for fecal impaction (*Texas Med. Jour.*) which looks like weak therapy.

fore and since the days of Mohammed, many of the constructors of religious platforms have made regulation of the relations of the sexes one of their leading planks. In this instance comparison will at once be made between Dowie's system and that of Brigham Young, especially as it is well known that Mormon eyes have been cast upon Mexico as a location where polygamy might possibly be practised without interference on the part of the ruling authorities. But the basal considerations on which polygamy was founded by Young were totally different from those advocated by Dowie.

According to Young's system, when a man had so far prospered in worldly affairs that he was amply able to provide for more than one wife and family, it was his duty to undertake that additional burden; and provide husband, home and children, for a woman who would otherwise have had neither of these blessings. Granting that all parties to the transaction were agreed, it cannot be denied that there were certain economic and sociologic advantages about the system.

Gentiles residing among the Mormons appear to have a consensus of opinion that polygamy was not abolished through any desire of the Mormon women. So far as we know there is no other religious sect in America whose influence has so firmly implanted in the minds of its women the desire to obey literally the primal obligation laid upon the sex by its Creator, to be fruitful, multiply and replenish the earth.

Dowie's ideas of polygamy were, however, as far as we can judge from newspaper reports, on an entirely different basis. He took for his text a passage from the prophetic visions of a preceding Isaiah, which told how seven women were to lay hold upon a single man and beseech him to permit him to supply their own food and clothing, and presumably to sustain all the burdens of providing for the family, in return for the gracious privilege of taking away the reproach of spinsterhood and giving them the legal right to have "Mrs." cut on their tombstones.

This is all of the modern prophet's plan as yet divulged; but it is quite enough. His mistake has been in not openly promulgating this doctrine. Had he done so, and succeeded in convincing the women of its truth, he would not have had to bother about the men.

After all, he is not the first in the United States who has preached or practised the doctrine of "let the woman do the work." The writer knew an old Sioux chief in Dakota, who had a little platform built between his two cornfields, where he spent his days in peace and quiet, smoking his pipe, with his shotgun beside him, and seeing that his two squaws properly cultivated his corn. This seems to be the ideal which Dowie had in mind—but Mrs. Dowie objected!

THEORY AND PRACTICE.

However much we may boast of the progress of modern science it must be confessed that, though improving rapidly it is still far from perfect. The whole structure rests upon a mass of hypotheses, and hypotheses which are constantly changing. Today we boast we have the Truth; tomorrow we are chasing a will-o'-the-wisp. Five years ago nothing seemed more certain than the atomic theory. And yet even this has now

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Hare says there may be rupture of compensation of the muscular fibers of large vessels as well as of the heart.—*Ther. Gaz.*

In the high tension of fibrosis, nitrites are of little value; iodine with rest and massage are needed.—*Ther. Gaz.*

been modified to make it accord with the new facts concerning electrons, ions, x-rays, beta-rays, radium and helium. The atom is no longer regarded as the ultimate of the divisability of matter, nor the elements as unchangeable.

It is a natural thing to desire to make facts fit into our theories. And it is a creditable thing to desire to unify our knowledge, to make one fact fit in and dovetail with another; human knowledge is largely built upon hypotheses, and so long as they explain the facts better than anything else they subserve a useful purpose. The danger is that the men who build these theories, and the men who accept them, come to look upon them as infallible—which they are not.

In medicine this is peculiarly true. Look over medical history and see how medical practice has been molded by theory. From Galen down into the middle ages the "humoral pathology" prevailed. The physician purged, bled and vomited to get rid of certain "humors." Then there was an alchemical theory, a theory of excitability, a theory of irritation, a vitalistic theory—and what not. Von Helmont, Brown, Broussais, Erasmus Darwin—each left a lasting impression upon medicine, but the theories for which they stood are long since dead and gone.

In these later days we are again passing through a succession of new theories. There is the neovitalistic school, the school of the cellular pathologists, the bacteriologic school, the chemical school, the electrical school, etc. Each man thinks that he has struck nearer than any one else to the secret of disease. Our heroes today are Virchow, Pasteur, Ehrlich, van t 'Hoff—great thinkers all of them and men of whom we are justly proud. But however splendid their theories, they remain theories still. The truth each one gives us is confessedly mixed with error.

Sydenham, some 250 years ago, recommended that young men desirous of studying medicine should lay aside their books and read Don Quixote! He had a profound contempt for the book-learning of his times. While he knew the current theories, instead of trying to make these the basis of his practice he relied mainly upon observation of the natural processes of the body and their various normal and abnormal manifestations. His aim was to aid Nature and to avoid harming her. Instead, therefore, of the complex remedies and prescriptions of his times he gave simple remedies and carefully watched their actions. He studied his patients and left theorizing to others. And he was wonderfully successful!

We have learned and are learning much from theorists; they are contributing new facts to medicine and helping us to explain many of the old ones. Much of our therapy is a survival from dead theories and yet, as used to day, better than when it was introduced. The treatment based upon a theory may be good, while the theory itself is false. Formerly doctors purged to get rid of one of the "four humors"—the bile; we give laxatives for quite different purposes nowadays, but with much more discretion. The theories concerning the action of quinine in malaria have been almost as many as the theorizers—and yet quinine did good long before we had learned that there was a plasmod-

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Cicutine has relieved spasmodic contraction of esophagus with cramps, flatulence and hysteric globus

Hyoscyamine is useful for the irritability and spasmodic element of esophageal strictures; give to full effect.

ium and that quinine would kill it.

The true doctor must ever remain in principle a disciple of Sydenham. He must learn to watch the sick carefully, to note every disease process and *to treat the sick man*, not burdening himself by blind conformity to an unestablished or doubtful theory. Common sense! How valuable a quality and how rare! It is this that the physician needs even more than the technical, theoretical wisdom of the schools however valuable it may be.

Not that we deprecate the value of study. Far from it. But success rarely comes to the man who does things by rote just because he desires to fall into line with "the authorities." Every case must be a problem. In such a problem every factor working toward death or toward recovery must be considered. Quinine may be a specific for malaria and mercury for syphilis; but does the treatment of malaria and syphilis consist only in giving quinine and mercury regardless of the patient? Not by any manner of means.

Study all you can, Brother, and master all the knowledge that can help you; but when you come to the bedside remember that you must deal with a condition. Stop theorizing *now*. Don't wait for a name. Get to work! Are the bowels charged with fecal matter? Clean them out. Are there symptoms of spasm? Use physiological antispasmodics, not necessarily anodynes. Is there collapse? Bring the blood to the surface and stimulate the vasomotor centers. Use the best remedies you have—remedies you can depend upon. If there are better ones than you have, get them.

Theory is good—but do not let it dwarf your faith or emasculate your practice. Remember that the mission of the physician is first of all to heal the sick—*cito tuto et jucunde* if possible, but to do it anyway!

A FRENCH NERVE SEDATIVE.

A recent product of French drug-building contains potassium bromide, arsenic and picrotoxin. The first ingredient is said to act as a nerve sedative, counteracting cerebral congestion. The picrotoxin acts as a cerebrospinal excitant, while the arsenic repairs the waste of the nerve cells. This combination is suggested as applicable in obstinate cases of epilepsy and other nervous diseases; to relieve menstrual pains and the nervous manifestations attending these periods.

The combination is suggestive but is susceptible of being simplified and improved. The toxicity of potassium is now so generally admitted that it is largely being replaced by sodium salts. Neither of these, however, is required here; and the two useful agents may be admirably combined in arsenic bromide.

Picrotoxin is a remedy as yet unknown to the mass of the medical profession. Its properties, as determined by physiologic experiment, are nevertheless too decided and remarkable to justify the neglect in which it is held. It appears to form one of a rather loosely united group of remedies, containing also pilocarpine, muscarine, physostigmine, with arecolin; and, less closely assimilated, apomorphine and apocodeine. The whole group is remarkable for the power of their manifestations and the clear-cut precision of their effects.

It is said that the course of onychia may be shortened by giving tartar emetic to cause slight relaxation.

Strumous forms of ophthalmia give way to calcidin and arsenate of antimony; carefully dosed to exact needs.

LEADING ARTICLES

THE MODERN METHOD OF TREATING DISEASES OF CHILDREN.*

BY GEO. H. CANDLER, M. D.

I. Scarlet Fever.

SOME day, perhaps, every doctor, before prescribing a medicine, will take the time to think out first just what conditions are present in the body of the person he is about to treat; and secondly, the exact influence the drug or combination of drugs is going to exert upon the fluids and tissues of that body and the different vital processes proceeding in and through them.

For instance, he will see at a glance the insufficient nerve-force which limits the capacity of the blood for withdrawing carbon from the economy and exchanging it in the lobules of the lung for oxygen which, again distributed, enables the cell to appropriate other necessary food. He will really and truly understand the marvelously simple, though intricate, chemistry of the normal body and understanding this, will easily recognize the particular derangement as evidenced by the symptoms presenting. To him much that is now dark will be clear as daylight; and instead of treating certain groups of symptoms by routine measures, regardless of individual peculiarities and because in the past a certain percentage of people so afflicted have benefited thereby, he will treat the exact conditions present—the patient himself, not a named disease. Science will enable him to do this—indeed science has already offered the practician certain great truths, which he who *wishes* to run may read and profit by; but, unfortunately, the average practician wears two clogs—*precedent* and *routine*, and he would rather walk easily along well-beaten paths than climb over the hills to success.

Those who are not so hampered and regard a cured patient as the highest attainment, a pathological process cut short as something to be desired, will begin at the beginning and find out why the patient is ill, what caused the departure from the normal and the exact nature of the derangement which exists. He will not merely recognize certain signs and diagnose, let us say "scarlet fever," prescribing therefor some treatment laid down by a writer of text-books, but he will realize that under normal conditions the invading force would have failed to gain a foothold and will seek for the weak place—the gap in the vital wall. Nine times out of ten he will find either debility (from innutrition) or a system paralyzed to a greater or less extent by retention of its own waste. In the latter case he has a dual foe to fight; in the former, an unsatisfactory battlefield; and if he would destroy the disease without annihilating the patient he will give his immediate and principal at-

*This is the first of an important series of articles by Dr. G. H. Candler, outlined in our editorial, "The Rational Treatment of Children's Diseases," April JOURNAL. We have taken great pains and pleasure in editing this manuscript, and are glad to be able to endorse it as embodying our own experience and beliefs. It is well worth your most careful attention.—ED.

tention to supporting vitality. If it is evident that pathogenic bacteria have gained access to the system he will take steps to render the patient an unsatisfactory medium for germ propagation while neutralizing the effect of the toxins already active. He will realize that in order to carry reparative supplies and medicines to the various parts of the body he must have a clean intestinal tract, in good condition for absorption, and an equalized circulation; his trained eye will note the signs of distress wrung from overworked organs, and he will seek an ally in an hitherto inactive skin, thus relieving renal strain before structural damage is accomplished. In every way he will work with Nature—assisting her here, coaxing her to do her work there and boldly doing that which she can not longer accomplish somewhere else. He will understand how far we have strayed from natural conditions, and, being a real doctor in fact, will meet things as they are, not attempting to deal with that which should be; but which more often is not.

THE ACUTE DISEASES OF CHILDREN.

Nowhere has the positive therapeutist a better opportunity to prove the efficacy of his remedial measures than in the exanthemata—scarlet fever, measles, varicella, rotheln (and variola for that matter) form a limited and distinct group. The toxin in each disease originates *within* the body of the patient. What it is we do not know; why, under proper conditions, it becomes virulent we cannot say; neither can we yet tell why certain systems are especially liable to be affected by it, while others seem to be entirely immune. Each disease is infectious—contagious, properly—being easily conveyed from individual to individual *via* the air. Nearly every human being is likely to contract smallpox or measles if exposed to infection, while some people can come in direct contact with scarlatina patients or children with chicken-pox without being in any way affected. Rotheln is now recognized as a distinct disease and is becoming more prevalent in this country.

Each disease in the group has certain well understood and defined prodromal symptoms and is marked by a distinctive dermal eruption. It is still a question whether a ferment is formed in the system of the patient—or whether a specific germ is responsible for it. In scarlet fever, streptococci have been found in the secretions and scales shed by the patient, but cocci in variety are usually to be discovered wherever there is lowered resistance—for that matter they, like the poor, are with us always! The exact *cause* of each disease then, has yet to be discovered; the positive remedy for every one named is already to hand and will be here outlined.

SCARLATINA.

This disease, though extremely contagious, is less so than measles. It affects children usually, one attack nearly always protecting from another. It is probable that certain systemic conditions must exist before the disease becomes evident, as many people have passed through contagion after contagion to succumb at last, late in life, to the infection. Second and even third attacks have been recorded. Infants in arms usually escape (as do the aged), children from two to fifteen forming the majority of cases. Sporadic cases (endemic) are not usually as severe as those en-

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For heart hypertrophy Matlack gives asparagin a grain, with a little bromide, three times a day.—*Okla. Med. News-Journal.*

The Chestnut Tree, a New England medical monthly, advises lead water and laudanum as a lotion for abscesses.

countered during an epidemic, the virulence of the disease seeming to increase by constant transmission. Exceptions to this rule are however frequent. Some of the fatal cases have sprung up suddenly, no source of contagion being discoverable and no subsequent infection occurring. It is, moreover, impossible to give a description of the disease which would fit in all cases, though a certain general course may be safely expected.

The varieties of scarlatina are, practically: simple, severe and malignant. In typical cases we have the characteristic rash and angina—varying in intensity from a slight flushing and swelling of the tonsils and fauces to the so-called scarlatinal diphtheria—but there may be angina without any rash observable, these cases proving as infectious as any.

The stage of invasion may be said to be from three to twelve days, nine cases out of twelve developing within five days after exposure. The prodromal symptoms in nearly all cases are malaise, sore throat (this may take the form of a well-marked tonsillitis), anorexia, nausea or vomiting, chill and fever. The tongue, early, is almost invariably coated and the breath is foul. The child may seem merely a little indisposed till suddenly a rigor appears which is followed by a high fever. On the other hand, the little patient, at first quiet, complains bitterly of headache and pain in throat. He refuses to eat and, within twenty-four hours, becomes a really sick child. The pulse is rapid and thready, the temperature ranges from 101° to 103° F. and the child is either stupid or extremely irritable.

Within the next twenty-four hours the rash makes its appearance and the temperature may now stand at 105° or even 106° F. The rash becomes more general, the temperature ranging each twenty-four hours from 102 or 3° to 104 or 5° F., the patient showing signs of profound sepsis.

The glands in the neck (and elsewhere) may be enlarged and the angina is pronounced in all save the mildest cases.

The urine is small in amount, the bowels constipated and extreme thirst evident. Albuminuria is generally present, and even blood and casts may exist in the urine. It should be remembered that the septic process seems sometimes to center in the kidneys; again, the lymphatics seem to bear the brunt.

The rash in scarlatina is characteristic and yet varies greatly in different cases. It can best be described as resembling ground red pepper scattered over the skin; usually the upper chest is first affected, then the lower chest, and then the abdomen, sides and back.

Now the face and neck show a punctate rash, the temples usually being earliest invaded, the area behind the ears and under the chin following. The eruption may have become confluent upon the covered parts of the body while the face still presents the punctate form. White areas appear about the mouth and nose and the cheeks blaze. Strangely enough the rash is invariably confluent here. Even in the mildest cases the characteristic punctate eruption may be noted on chest, neck or temples and the typical whiteness about mouth and *alae nasi* is almost diagnostic. The eruption spreads downward, involving the arms, hands, legs and feet; at first it is punctate, later confluent. If any dif-

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For the hematuria of acute nephritis some silly advises ergot. A little knowledge is a dangerous thing to some folks.

Men seek a physician to be cured of their diseases or relieved of their suffering; a poor doctor who can do neither.—*N. E. Alk.*

ficulty occurs in making a diagnosis, strip the patient and these peculiarities will be noted if the disease has not advanced too far. At the height of the eruption the fever reaches its maximum and the subsidence is fairly even.

The appearance of the tongue is typical, even in ordinarily severe cases being heavily furred early with red border and tip. Later the papillæ become prominent and cause the well-known "strawberry tongue" of the text-books. The buccal mucosa presents nothing peculiar. Sometimes, late in the disease, red patches may appear but this is not constant; stomatitis is met with in a few cases.

The rash persists from forty-eight hours to seven days. It rarely lasts beyond the fifth day when desquamation usually begins. At this time the patient is especially dangerous to others and should be kept well anointed with some antiseptic oil,—even lard, vaselin or bacon fat will do. The period of desquamation is not clearly defined but the patient should be isolated for at least six weeks—or, till every particle of skin has been shed.

It is not our purpose to here describe the various complications and sequelæ of scarlatina. Under modern treatment none (or few) of these should develop. The terrible ear, eye and other affections which attend or follow the disease are invariably due to local action of the virulent toxin present and if proper measures are instituted early the disease becomes very much less appalling that it is usually considered to be. Ordinary cases marked by simple angina, fever and typical eruption require just as much care as any; for, as a rule, the "simple" cases are the ones which under improper treatment develop into the fatal ones. The more severe the onset, the more distinctive the symptoms, the more positive the indications for treatment.

WHERE MEASLES AND SCARLATINA DIFFER.

The physician should bear in mind that measles is ushered in with a coryza; vomiting is unusual in the latter disease but common in scarlet fever. Koplik's sign—macules upon the buccal mucosa—exists in measles but not in scarlatina; and the tongue in scarlatina is characteristic. The rash appears in scarlet fever on the first or second day; in measles on the third or fourth and, in the latter disease, the *facc* is first invaded by small red papules. The scarlet-fever "flush" cannot be mistaken once it is seen; and the smell of measles will never be forgotten either. The sore-throat, high fever, quick, thready pulse, and prompt appearance of a punctate rash, mean scarlet fever.

The prognosis is good but should always be guarded, not because we are not sure of our treatment of the disease but because people will not always do what they are told to do. In instances, where we are called in late, results cannot be so definitely promised, though prompt elimination, thorough intestinal and systemic antiseptic measures, with support of the normal resistant and vital forces, will, even then, accomplish more than any other method can offer.

Anginoid scarlet fever is often confounded with diphtheria; the two diseases being supposed to exist conjointly.

That such a double infection can occur is undoubted, and in every case a culture should be made at the first opportunity; but in most cases we have the

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Potass. bichromate essentially a remedy for chronic diseases, its prominent action on mucosæ.—Sanborn, *N. E. Alk.*

In fibroid phthisis pot. bichrom. thins mucus, lessens cough, improves breathing; add nuclein for lasting effects.—Sanborn, *N. E. A.*

scarlet fever toxin alone to deal with, the membrane being of the false variety. Prostration, however, is profound in all such cases; death even resulting within a few days from either the intense sepsis, sheer exhaustion, hemorrhage from ulcerated vessel or aspiration pneumonia. The writer has never seen a case develop under the treatment here outlined and does not hesitate to assert that such pronounced evidences of toxemia could not possibly present, were suitable therapeutic measures instituted early.

THE TREATMENT OF A TYPICAL CASE.

The foul tongue, disturbed pulse and nausea, with headache and general malaise, would alone point decisively to retention in the system of undesirable material; and the chill and fever tell us very plainly that the body-forces are resisting invasion, it may be by bacteria from without or noxious spores from within. To try to reduce hyperpyrexia by depressing the heart, or to throw into an already disordered system drugs which would further upset matters would surely be absurd! The indications are plain; why not follow them? Of all the much abused and misunderstood drugs, calomel is perhaps the most so, and at the same time is one of the most useful. In very small doses, combined with podophyllin and bilein, it stimulates hepatic activity, increases all intestinal secretions and insures a thorough evacuation of the bowel: Grain 1-10 to 1-6 of calomel, and gr. 1-67 to gr. 1-12 of podophyllin, with gr. 1-12 of bilein, should be exhibited every half-hour till six doses have been taken; and every hour calcium sulphide—the greatest of all systemic antiseptics (and a very useful reconstructant because calcium is invariably needed for cell repair)— gr. 1-3 is added. One hour after the last of the six doses of calomel, podophyllin and bilein, a full draught of an effervescent preparation of magnesium sulphate is given to flush the intestine, to sooth irritated mucosa, and to act, moreover, as a diuretic. By this time sulphureted hydrogen will be present in some quantity in a fairly clean and empty intestinal tract, and fermentation and spore-growth will be at an end.

After two or three stools have been passed (within six hours of beginning treatment) give a copious high enema of salt water at 100° F. Allow part of this to be retained and note the action upon the kidneys. This step alone will often save renal complications.

The patient is now carefully stripped, piece by piece, and in a warm room is bathed with either a solution of magnesium sulphate (one ounce to the pint of water) or sodium chloride. Five minims of creolin are added to each pint. The mouth, throat and nares are cleansed with an alkaline antiseptic solution. Glycothymolene or the menthol compound tablet, one to twelve ounces of water; both are excellent. Now we have a patient clean and actively excreting as to skin, devoid of effete matter internally, already saturated with sulphureted hydrogen and with active liver and kidneys. If the temperature is taken at this time it will probably be two degrees lower than it was when treatment was begun, but Nature requires further aid before the specific toxin can be neutralized.

We shall continue the calcium sulphide (gr. 1-6 hourly) and give in addition, nuclein, to stimulate phagocytosis and

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Pot. bichrom. helps chronic pharyngitis, cystitis, leucorrhea, and in children cap. bronchitis, pneumonia and croup.—Sanborn.

If you have written up the history of some rare case—send it somewhere else; we haven't room for it.—*N. Eng. Alkaloidist.*

for its marked vito-incitant properties generally. At this stage large doses are best—twenty drops *per os* (or ten hypodermatically) twice or even three times daily. Aconitine, gr. 1-134 (or smaller doses if the patient is under five); should be exhibited every two or three hours to relieve congestion, to relax the capillaries (by lessening vasomotor spasm) and equalize the circulation. If we add digitalin (gr. 1-67) to every other dose we shall get enhanced action and the desirable effect of the latter drug upon the heart and large vessels. The use of veratrine in place of aconitine will suggest itself if the skin is intensely dry and the pulse full and hard. The full physiologic action of each drug cannot be given here for lack of space, but it must not be forgotten that veratrine, like quinine, exerts an inhibitive action upon certain protoplasms; the lymphatics under its exhibition, are rendered untenable for microbes and clinical experience tends to prove that this drug markedly antagonizes the scarlatina toxin.

Under this treatment, within twenty-four hours we shall find the patient in about this condition: Pulse quick, but soft and regular; skin moist, tongue reasonably clean; temperature from 101° to 102° F. If we give the patient plenty of barley water (cool but not cold), flavored with a little lemon or orange juice, diuresis will be profuse and if every four hours, we give a small dose of effervescent sulphate of magnesium in solution, the bowel will move twice at least daily. Somewhere within thirty-six hours the rash will appear; there will be little or no sore throat, and if, during the eruptive period, we keep the skin bathed, with the warm antiseptic solution we have mentioned, the whole train of symptoms will fade away within six days.

And now comes the tedious part—and the most dangerous in a way. The moment the temperature sinks to 100° F., and desquamation commences, infinite care must be taken. The child feels well and wants to go free but never was he so dangerous. From head to foot the body must be anointed with some bland, antiseptic material; oil of eucalyptus one part, olive oil three parts is excellent. Even the hair should be well rubbed with this preparation and a cap should be worn. Every night at least, or oftener, the body should be bathed with hot water and a good antiseptic soap (carbenzol soap is one of the best) then rubbed with the oil and the child put into a combined cotton night-suit. All clothing removed should be placed in a 1 to 10,000 bichloride solution and the door leading to the chamber should be covered with a double sheet kept wet with the same fluid. There are of course many other excellent antiseptics upon the market, such as formalin and Platt's chlorides.

Finally, when desquamation is complete the patient should take a hot bath in a 1 to 10,000 bichloride solution, be enveloped in a sheet wrung out of the same solution and carried into another chamber where he may don clean clothes and be out among folks. The chamber and contents are then fumigated in the usual manner—preferably with formalin gas.

Sufficient stress cannot be laid upon the necessity for the free and constant use of intestinal antiseptics throughout

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Even the best antiseptics do little good if matter is allowed to accumulate in the bowels.—Mann, *Med. Era.*

Where artesian water is used malaria diminishes even though the mosquito is as much in evidence as before.—Buck, *Med. Era.*

the entire course of the disease. Unfortunately, nearly all the effective intestinal antiseptics are prone to cause nausea or gastric irritability; iodine, creosote, resorcin, eucalyptol and other drugs of proved utility are ordinarily useless in the acute diseases of children. The sulphocarbolates are, however, safe, efficient and non-irritative in the great majority of cases. In the first days of the disease we must rely upon the combined salts of sodium, calcium and zinc, the three being combined in proper proportions in the well-known intestinal antiseptic tablet. Later, when the intestine is empty and comparatively free from microörganisms, we may use either sodium or calcium sulphocarbolate in doses of gr. 1-4 three or four times daily, being guided entirely by the state of the bowels. If diarrhea exists we can either return to the triple sulphocarbolates or exhibit zinc sulphocarbolate alone.

Sodium is preferable when hyperacidity and flatulence present. I have also used it with satisfaction when renal complications exist. Calcium is a necessity to the living cell and this salt being almost entirely lacking in the food allowed the sick child we shall naturally select calcium sulphocarbolate when everything progresses satisfactorily and the maintenance of intestinal cleanliness is alone to be considered. The zinc salt is by far the most astringent and irritating and it will often be found desirable to stop its use *pro tem*, giving the calcium and sodium salts alone. If at any time, however, *marked* symptoms of intestinal infection recur, the indication for the use of the triple sulphocarbolates in full doses is imperative. Many physicians err in dropping this medication too early; some one of the three salts should be given until convalescence is well established. One grain an hour after each meal will usually prove sufficient.

It would be impracticable to give here the treatment necessary for the various complications, which may arise. Uremia must especially be watched for and guarded against; any diminution in the urine should cause the physician to act promptly. Digitonin, the hot pack and copious saline enemata with small doses of glonoin (and always veratrine) will usually be efficient. Cactin and brucine may be required to support the heart and in pronounced cases apocynin may turn the tide. The old familiar Basham's mixture is decidedly useful in "threatening" cases. But as has been stated none of these untoward complications arise under proper treatment.

Diet is important. Milk and lime-water, well-cooked cereal foods, and fruit juices with beaten egg-yelk and beef-juice, may be generally given. For forty-eight hours little or nothing is desired or desirable. Zwieback is always safe and later; stale whole wheat or graham gems or crackers are allowable. Clam, beef and mutton broths usually agree and buttermilk is as a rule eagerly taken. After the fever falls and reparative processes are set up, nutritious but easily-digested foods every three hours.

Constipation is quite apt to prove troublesome; a draught of hot water with or without the addition of magnesium sulphate, should be taken before breakfast and, at least twice weekly, the lower bowel should be flushed with a warm salt solution. The daily sponge bath followed by vigorous friction with a rough towel is also of service.

For epithelioma Martin applies pyrogallic acid and gives arsenic and echinacea internally for 3 months.—*Med. Era.*

As we understand Drs. Abbott and Waugh, seeing things from their angle is not at all necessary to their friendship.—*Med. Standard.*

Bitter tonics—the arsenates with nuclein, hydrastin, quassin, juglandin and a mild glandular stimulant such as xanthoxylin or iridin—should be given in medium doses three times a day to insure normal metabolic conditions. Calcium lactophosphate should be exhibited for some weeks to stimulate the nutrition.

Chicago, Illinois.

BILIOUSNESS AND MELANCHOLIA.

A REVIEW OF MODERN TEACHING.

BY WOODBRIDGE H. BIRCHMORE, M. D.

BILIOUSNESS, melancholia, homicide—such is the observed sequence of phenomena, a sequence now long seen but once utterly misunderstood by those beholding it. In truth the first is, in a sense, the cause of the other two, since biliousness is the name by which we designate the manifestation by the organism of the deranged functions of certain organs, while melancholia is the manifestation of deranged functions in that organ "which secretes thoughts as the liver secretes bile," and homicide is but the expression in outward act. Only recently have we begun to understand their relations, which cannot be described as those of cause and effect since these three are all of them the passive products of an unknown cause.

By an odd coincidence this last year an interest in this condition, biliousness, becoming active in the minds of a number of men in places far apart, caused active discussion. This interest is quite unaccountable in respect to some persons, but in one large group the cause of the interest is easily explained; it was the result of concerted action. The great society of learned physicians known as "Congres francais des Medecins alienistes et neurologists" (French society of specialists on diseases of the mind and nervous system) had arranged that at their annual meeting in August this question should be discussed at length, and every member had studied the subject so that if opportunity came to him he might speak intelligently. Many wrote papers, published beforehand. Out of this group of papers and the consequent discussion one may draw a very distinct opinion as to their line of thought on this important subject, which may be expressed in a few words, as follows:

Hypochondriasis and melancholia are to all useful purposes the same condition; the difference in the conception is due to the difference in the point of view, and the same physical condition is the foundation of both equally. On the other hand since certain physical facts are in all cases found with certain mental conditions, and since neither is ever found without the other, we are justified in considering that the so-called mental symptoms are the result of the physical disorder, or that both are the result of a third cause.

It was a fact easily seen, but by no means easily to be accounted for, as one of those discussing the question said it was, that they never began the discussion at the beginning of the symptom

B. M. J. objects to Mark Twain for the sick, as the laughter he excites may interfere with the healing process.

Dry sweeping is largely practised and this is under all circumstances an abomination.—Prudden, *Med. Record.*

sequence; each, was he speaker or was he writer, began his speech or his paper at that point in the clinical history at which we find the conditions already established, the disorders become chronic.

This appears the more remarkable if we consider how much it would have aided them in establishing the hypothesis, could they have introduced a sufficient explanation of the primary symptoms; but the answer given was perhaps sufficient: "We never see the primary attack;" the implication being that the treatment of the primary stage of melancholia, suicidal or otherwise, is always in the hands of the general practician, and that it is not well treated by him.

What then is the primary stage of melancholia? No one gives a formal answer, but Colaliam (*Archives de Neurologie*. No. 116) gives a very clear idea of his opinion: "In the majority of cases, and at this point all the writers agree, the physical symptoms put in an appearance before the mental upset. The melancholy springs from physical distresses, terrible depression throughout the body, weakness and weariness without the least effort, headache, muttering in the ears, vasomotor and digestive disorders, constipation, sleeplessness or deep slumber. The painful depression which invades the personality comes afterwards."

There is no difficulty in recognizing this condition; it is the secondary poisoning of the system when the adjustment is lost and the unfortunate victim is intoxicated, drunk on the secondaries of his own decomposition.

He continued: "If one will but examine his cases he will find that certain organs are 'knocked out' of the ability to do their duty before the appearance of the depression of the will and thought of the higher faculties (*de la depression psychique*). One sees the slowing up of the respiration and circulation, the gastrointestinal troubles, but the liver claims the first place in the row." Hammond's famous account of the liver abscess is quoted and then Cyr's only less famous comment: "But to what are we to refer this stupor, this overset of the nervous system? For answer I see but two explanations possible: To start with, we have either intoxication (poisoning) by the bile acids, a most satisfactory conclusion since we have a very manifest state of subicterus; or the local pain (irritation) has by its very excess, through reflex action on motor centers, adjusted this prostration and half comatose condition."

His point is proven beyond contradiction: the condition of the melancholia is that of a man poisoned by the waste of his own body, for taking up item by item the physical condition of one, he proceeds to show that it is, item by item, the physical condition of the other.

Finally Colaliam sums up thus: "It is then not at all extraordinary that at a given moment, under the action of an occasional cause (puberty, emotion, etc.) the psychic function overcome by the diseased action of the bile gives up the struggle and produces the phenomena which characterize melancholia. These causes would not be sufficient to provoke melancholia in the absence of the bile-stained blood.

There is no doubt of his conclusion if we avoid the impersonation which is natural to the language; given a man in this condition of bilious intoxication, any

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From the beginning to the end of his life three things man must have, what else he lack—air, water, food.—Prudden, *Med. Record.*

Exhaled breath is practically germ-free even in those suffering from communicable infectious diseases.—Prudden, *Med. Record.*

trial or trouble is sufficient to crowd him onto "the slippery place" whose other end is suicide or the madhouse. Thus Colaliam.

The formal report to the society was made by another well-known man, Dr. Pierre Roy; and he enforced this teaching, showing still more clearly that beyond any doubt the melancholia was but the last state in a disease whose origin was the entry into the blood of substances which in health never reach it. But he did much more, he offered evidence to show that from time to time cases of poisoning appeared which must be regarded as acute, in which, before the appearance of the jaundice, the nervous system was overpowered and symptoms of mental disorder appeared, whose cause was quite obscure until a jaundice came in to clear the diagnostic fog.

Incorporated in this report was also a discussion by an expert of the medicolegal relation of these facts, and it was shown that men committed homicides in the first stage of this poisoning, who, while legally responsible in that the (French) courts had not yet recognized the facts, were morally as irrational as any man could be to whom another had given hashish without his knowledge. It was affirmed as a matter within the experience of all, that from time to time cases appeared in which a man who was known to his neighbors, and some practician, as one very careful of his health, would suddenly commit homicide, it might be upon himself or upon another. Especially often was this the case of a mother, whose suicide was accompanied (preceded) by the murder of her child. The most of these cases were demonstrated by the clinical history to be, at least probably, cases of autointoxication, and he had seen a number of "double suicides" from this same cause. The evidence offered was simply overwhelming that madness, suicide and murder were absolutely the mental symptoms of the blood-poisoning by the substances circulating in the blood, absorbed by the intestine, which in health would have undergone conversion in the liver to be eliminated by the kidneys.

The outcome of the discussion was to put it up to the general practician to so handle the attacks of biliousness *in childhood* that the habit of bile intoxication does not form, because once established the habit is, to all intents, for life, and requires a constant and unremitting watchfulness. The asylums for the insane are filled, if we may believe these specialists, with men and women who are simply chronically intoxicated by the waste of their own bodies; in fact this class forms about 85 per cent of all those in insane asylums.

Such then, in the opinion of the expert, is the third stage of bile poisoning, a condition when the poor sufferer is in fact an irresponsible victim, intoxicated in the true sense of the word, liable to commit a murder at any instant under the delusion of persecution or suicide, in a moment of depression.

The real point of interest is, will the general practicians come up to the line and do their whole duty? It should be a matter of obligation to every physician worthy of the name to make his patients understand how serious is the matter in hand. It is no easy task to educate a nation, yet the nation must be educated, not exploited. It is not a matter which

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Most surgeons secure reasonable cleanliness, disregard air as a risk and avoid direct sources of infection.—Prudden, *Med. Record.*

Catarrhs of the upper air passages are favored and perpetuated by the inspiration of dust laden air.—Prudden, *Med. Rec.*

the physician can treat with a light heart. I have shown that when once the habit of intoxication is established, often before puberty, it is never eradicated, but is only held in check and that only by constant and unfailing watchfulness. I have seen a child not ten years old who was already in the third stage of the disease, and in New York the numerous child suicides show that the "mental manifestations" take the same form as in adults.

That the great increase in the number of suicides is directly due to the increasing number of these cases is not open to question in the opinion of the expert. The means of eradicating the disposition are in the hands of the profession; proper treatment of the very first attack in the infant in arms, followed by proper care afterwards, will eradicate the condition and predisposition to intoxication.

What then is to be done about it?

New York City.

THE EVOLUTION OF DRUG THERAPY AND SOME OF THE ELEMENTS OF UNCERTAINTY OF DRUG THERAPY.

BY W. C. ABBOTT, M. D.

II

JOHN URI LLOYD, in the Department of Pharmacy and Pharmacognosy of Ellingwood's "Materia Medica," has the following regarding crude drugs and their preparations:

"The greatest care must be used by the pharmacist in the direction of drug selection. The crude drug is the foundation of the pharmaceutical preparation. Poor crude material is productive of inferior medicine, regardless of the care of the operator. . . . The study of crude drugs in my opinion is most important. Not only does the quality of the resultant pharmaceutical preparation depend on great care concerning the quality of the drug, but ignorant persons, posing as pharmacists, are likely to even use substitutes thrown on the market for genuine. . . . The quality of drugs is all-important but no general rule can be established to determine quality. . . . The application of chemical tests is useful in a few instances —a very few—chief among which may be cited opium, cinchona, belladonna, ipecac and a few other *alkaloidal drugs.* Then asafetida, jalap and a few resinous drugs may be approximately valued by their *resinous constituents.* Extend the list to a limited number of *glucoside*-yielding drugs and a few essential oil bearers, and the list capable of chemical determination is about exhausted."

Speaking of *tinctures,* Lloyd says: "Tinctures carry all the substances soluble in the menstruum used to exhaust the drug, *both inert and active,* and are prone to precipitate. Excepting with energetic drugs, a large amount of alcohol must be administered in order to get the full therapeutical drug effect. Tinctures (with few exceptions) are rapidly falling into disuse."

Here is the veritable kindergarten of the rum remedy and the nostrum evil.

Of fluid extracts Lloyd says: "They are prone to precipitate; they are usually

Dust diseases—influenza, pertussis, tubercle, diphtheria, cerebrospinal fever, exudative infectious pneumonia.—Prudden.

The golden moment for prevention is when these various infective excreta are cast out of the body.—Prudden, *Med. Record.*

thick with inert matters, both colored and colorless. They are of *variable strength,* owing to variation in both the quality of crude drugs and the care of the manipulator." His comments on extracts are as follows: "Solid extracts do not contain any therapeutic qualities in addition to those possessed by the tinctures, and, as has been said, may be much injured by heat and atmospheric influence during evaporation. . . . Solid extracts that are used in making pills, ointments and plasters seem to hold their own in commerce, but *for internal administration* (excepting, perhaps, with a few energetic drugs) *they are fast being discarded.*"

This from Prof. John Uri Lloyd, one of the most skilful pharmacists in this country! Prof. Lloyd is progressive and conscientious, something that cannot be said of all manufacturing pharmacists. He is constantly trying to improve his preparations, and knowing the defects of the galenic preparations as given in the various editions of the United States Pharmacopeia he has prepared a list of fluid products of vegetable drugs which he considers are more reliable and *more fully represent the active medicinal constituents of the drugs employed,* and calls them "specific medicines."

I am willing to concede that, as a rule, Lloyd's preparations are equal, if not superior to any fluid preparations of vegetable drugs on the market, but they are not equal to the *active constituents* themselves. Surely no one can claim that specific nux vomica and cinchona are superior or even equal in permanence, strength, concentration or uniformity of dose, to absolutely definite quantities of strychnine, or quinine, upon which the efficiency of these two remedies depends.

Lloyd himself admits that drugs, owing their medicinal virtues to alkaloids, glucosides or other known *active constituents,* should first be assayed or tested for these constituents before making the crude drug up into a fluid preparation. Why not, then, in all reason, use the active constituents themselves and be done with it?

Lloyd aims to make a preparation containing as much of these active constituents as possible, to the exclusion of inert substances and as concentrated as possible. Here is what Prof. Lloyd says about his "specific medicines": "To sum up, the specific medicines are preparations of plants, each labeled under the full name of the drug yielding it. Each drug is worked in accordance with the process that experience has demonstrated is applicable to the *abstraction, purification and retention of the medicinal constituents of that drug.* The aim has been to *exclude coloring matters as much as possible and inert extractive substances also from these preparations,* consequently with few exceptions they are light in color and yet they are very energetic. *As a rule,* they represent the best quality of drug yielding them, minim for grain. Specific medicines are employed by physicians who desire *clean, concentrated,* liquid representatives of plants."

Should one desire a "liquid representative" of a plant, I ask any unprejudiced physician if they are as "clean" and "concentrated," and as uniform and active in strength, as a freshly-prepared solution of the very alkaloid or other *active* constituent itself?

Did you ever calculate the chances you take when you prescribe galenic prepara-

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Holding handkerchief before nose and mouth when coughing or sneezing would be a very important advance.—Prudden, *Med. Rec.*

Education in cleanliness is a slow and discouraging undertaking; involving radical reform in the sense of decency.—Prudden.

tions? Allowing that the true plant has been collected at the proper season, properly dried and preserved, the extract or tincture made with the best pharmaceutic skill, and the product duly bottled and labelled stands on the shelf of the pharmacy, ready to be dispensed on your prescription, from that moment the processes of change begin.

It may be that the alcohol evaporates, precipitating the active constituents or simply concentrating them; or the processes of degeneration get under way, the alkaloids changing to coloring matters under the influence of light, oxidizing from contact with the air, or some other alterations, whose nature is not so well comprehended, occurring. Whatever these may be, it is certain that they are always present and that they are progressive; and to a greater or less extent they so alter the chemical constitution of the preparation that every week sees it differing in strength from that of the preceding week.

How long does it take for these changes to so alter the preparation as to make it unreliable? The time differs with each; the change may be only apparent after the lapse of months, or a few weeks may suffice to spoil the drug as to accuracy of effect. A tincture insecurely corked and kept in a warm corner, may become dangerous to the taker within a week. Syrup of ipecacuanha is apt to blow the cork out of its bottle in less time than that.

The celebrated house of Kramer and Small, at 4th and Race Streets, Philadelphia, was accustomed to throw away all its liquid medicines every spring, and prepare new stocks.

How many pharmacists do this? How many years have the little-used fluids stood on their shelves, the titles and doses unchanged, the values of their contents long since departed? The use of stale, worthless preparations has had no small part in the induction of the therapeutic pessimism we have been fighting.

The only reason so many physicians have not recognized this defect in their drugs is that they are *not accustomed to give medicines to effect and to recognize their effects.* The habit of relying on ready-made formulas, or on the set prescriptions of some "leader" in medicine, instead of making one's own and then watching for the effects desired, is so general that it is the rarest thing for a physician to make complaint of the quality of his drugs—did any druggist ever know of a doctor objecting to a single ingredient out of the lot prescribed together? Some notable departure from color, smell or taste may be recognized —usually by the patient. The subtle alterations in quality above described are never dreamed of by the physician. Small wonder if he grows skeptical as to the value of drugs.

Dissolve strychnine in water, place it in direct sunlight and leave it for twenty-four hours; then see if you can taste the bitterness as anything comparable to that manifested when first dissolved.

I can show you granules of strychnine arsenate made in 1890 that possess every quality unimpaired.

Take a pure, naked alkaloid and make it into granules with milk sugar, protect it from the moisture of the air, and there is nothing decomposable about it; the remedial qualities remain unimpaired for any length of time, in any climate. No deterioration occurs, and the alkaloid re-

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Moist shreds of paper on carpets will be found most effective in gathering and holding dust.—Prudden, *Med. Record.*

There is a block, mountain high, of good air overhead. It is ours. Why not add to our houses a roof garden?.—Northrup, *Med. Rec.*

mains embalmed in its saccharine swathing for ages if need be, without change. The only objection to this is that so useful a thing should be kept in active operation—don't wrap such a talent away in a napkin, but use it.

The most notable apparent exception to this, known to the writer, is in the case of apomorphine. This is a decomposition product anyhow, and peculiarly prone to spontaneous decomposition with a change of color to a dark green. This, however, does not seem to be accompanied by any alteration of its remedial virtues, so far as can be judged by observing the action of many doses administered by the writer in all stages of change from pure white on. The change of color is more evident with hypodermic tablets than with the granules; but even with the former does not seem to extend beyond the surface. Apomorphine is a very valuable remedy, since it possesses the power of greatly increasing the secretion of respiratory mucus without nauseating, when administered by the stomach. To an adult of average health and physique it may thus be given in doses of gr. 1-20 up to 1-4, without nausea or cardiac depression, whereas hypodermically gr. 1-10 is the most certain of emetics. But —there is a singular dread of "green apomorphine." In recognition of this prejudice, not as representing a real danger, we advise our friends to administer apomorphine in watery solution, and to add a trace of hydrochloric acid, which instantly removes the green color. A remedy that will loosen a tight cough better than emetine or lobelin without nausea or cardiac depression is too valuable to be neglected for a fancied danger. And apomorphine will do this.

A very effective way of administering apomorphine for this purpose is to give a granule, gr. 1-67, every five minutes till the desired effect has been secured; then every hour. The air of the sick-room should, in all cases of respiratory irritation, be kept moist and at an equable temperature, about seventy, the entire twenty-four hours of the day and night. Changes of temperature bring back more irritability than any drug will relieve.

With this single exception the active principles, as made into granules, are not susceptible to chemical change. Even that volatile spirit, cicutine, when combined with hydrobromic acid becomes staid and settled, and will be found at all times "at home" in its milk-sugar domicile.

Every physician appreciates the difficulty experienced in keeping in order an electric battery not in every-day use—how many realize that their drugs are liable to similar degeneration?

The quality of keeping in full strength for years makes an important difference in estimating the cost of an outfit of medicines. The first cost of extracts and tinctures may be less, but if three-fourths of our stock spoils before it has been used, the matter of cost assumes a different aspect.

In the millennium for which we pray, every physician will know and watch for the manifestations of power from his drugs—all of them—and will instantly detect the slightest aberration from what he expects in the quality or the quantity of action, and will be ready to call his pharmacist to account therefor.

Meanwhile we might find it difficult to account to our patients why this is not

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Robinson advises boric acid or formalin gargles for persons exposed to inhaling germs in public places.—*Med. Rec.*

The resisting powers of the normal tissues are such that they are able to neutralize considerable infection.—Weir, *Med. Record.*

the case now. They certainly believe we know that much about our medicines—and we would not like to acknowledge that we don't. It would seem that to know just what our remedies can and will do, forms an unreducible minimum of the qualifications of a physician. To know this, not guess at or approximate it, is not possible with uncertain and variable remedies—it calls for the active principles and nothing less.

Is it to be wondered at that physicians so often fail in the treatment of the sick when there are so many chances of the patient getting an inert or unreliable preparation? Only today I clipped the following from the *New York Medical Journal* regarding tincture of aconite:

"The Danger of Galenic or Non-Standardized Preparations of Aconite.—In a note on a Canadian aconite, read before the *Societe de Therapeutique* (séance of October 25, 1905), Dr. Chevalier stated that a specimen of aconite, growing in North America, in Canada and the United States, had been examined by him and found to contain the altogether exceptional quantity in each kilogram of 3.78 grams of crystallizable aconitine and 5.80 grams of amorphous aconitine (having the characters of japaconitine). Ordinarily the proportion is 2 to 5 grams of total alkaloids in each kilogram. The extract prepared after the method of the Codex contained 50 milligrams of alkaloids in each gram, or just double the normal quantity. The root presented no unusual appearance, in all points morphologically it resembled that of the official aconitum napellus. The danger of using a drug like this for making the galenic preparations is evident. In the discussion of this communication Dr. Bardet said that he also had observed great differences in the activity of aconite according to the place and altitude from which it was obtained. In the valley of Zinal the aconite has a relatively enormous toxicity when compared with the aconite of the Vosges."

And in the same issue (Dec. 23) appeared an editorial on "The Ipecac of the Pharmacopœia," showing the uncertainty of the pharmacopeial preparation. I quote the last paragraph of the editorial:

"Recent work in therapeutics indicates that the two alkaloids have been misnamed, for *emetine*, is by no means so powerful an emetic as *cephaeline* is. Emetine is the more purely expectorant principle, and it is on results obtained with preparations of Rio ipecac (containing emetine in the larger amount) that our estimates of the therapeutical value of ipecac are based. With both roots official under the same name, as they are in the new pharmacopeia, the physician has no means of knowing which of the alkaloids is likely to predominate in any preparation of ipecac that he may prescribe. With regard to the fluid extract, from which the syrup is directed to be made, the only pharmacopeial requirement is that it shall contain a specified amount of the mixed alkaloids—how much of emetine and how much of cephaeline, the pharmacopeia does not say."

Every physician who has kept himself informed on the progress of medicine and pharmacy, or who has had experience in treating people with both the active constituents and the galenic preparations of plants, knows that the alkaloids are

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Dr. Whalen is trying to secure a law requiring cold storage houses to draw fowls before storing them.

When a fowl is killed, decomposition and absorption of the bowel contents at once begin and proceed while frozen.

much superior in every way to the galenicals.

Why, then, will doctors continue to jeopardize the health of their patients and their own reputations by continuing to do battle "against the scythe of death with a leaden sword?"

It is just as much the duty of the physician to assure himself that the drug he administers to his patient is the proper drug and reliable as for the surgeon to assure himself that the knife he thrusts into his patient is aseptic and keen.

The public should be educated to the truth that pure, active drugs when properly used assist nature to restore that state of equilibrium of the vital forces which we call health, yet ignorantly or carelessly used they do harm, often shorten life or induce permanent disability.

The delusion regarding the value of medicines can unquestionably be traced to a skepticism engendered in the minds of the younger doctors by the positive statements of certain nihilistic sets of teachers and authors, followed by the disastrous results obtained too often by the administration of inferior or adulterated medicines recommended for the cure of disease, out of which has come so much of professional quackery, drug sophistication and fraud.

Should this delusion not be dispelled?

Chicago, Illinois.

ACETANILID.

BY JOHN W. WAINWRIGHT, M. D.

MUCH has been written recently, of the physiological action of acetanilid and wholesale condemnation been the tenor of most of the reports. Scarcely a good word has been said for the remedy, but, are these conclusions warranted by the experience of many investigators and almost general use for a number of years, throughout the civilized world? While it is true that the active ingredient of practically all of the so-called headache powders which are sold to the public, as well as the secret remedies so vaunted in the medical and lay press, is acetanilid, and that much harm has doubtless come from the indiscriminate and wrongful use of these preparations, is it not true that the fault is not so much with acetanilid, as a remedy, when used by those competent to prescribe it in indicated cases, but with its too frequent and indiscriminate use by those not informed as to its physiological activity? All of the crimes charged to acetanilid can be as truthfully charged to other products of like character if similarly employed. Why, then, condemn the remedy instead of its improper use? Let us consider both sides of this question and see what claims acetanilid has as a useful remedy as well as what objections can be offered to its employment in the hands of the competent physician.

First in importance we will give its chemistry: It is an acetyl derivation of aniline and is prepared through the action of glacial acetic acid on aniline, occurs in white, shining crystalline pow-

That "death from vaccination" proved due to lymphangitis and meningitis when examined by the coroner.

How many dollars are you shy at the reckoning up period as the result of lax business methods?—*Med. Mirror.*

der or crystalline laminæ, which are odorless, with a slightly burning taste, and permanent if exposed to the air. It is only slightly soluble in cold water (1 to 179), rather freely so in boiling water (1 to 18) and in alcohol (1 to 2.5 at 25° C.), ether and chloroform. It melts at 113° C. (235° F.), is consumed upon ignition without leaving a residue. Is soluble in concentrated sulphuric acid without producing color. A cold saturated aqueous solution of acetanilid when added to ferric chloride test solution should not affect the test solution. If the solution be now boiled, a reddish brown color is produced which is rendered colorless again by the addition of hydrochloric acid. A solution of acetanilid should be neutral to test paper. With these tests any physician can determine the purity of acetanilid.

It is said to be somewhat germicidal, as well as to have the effect of inhibiting the growth of pathogenic and other microörganisms. Its physiological action is more powerful than that of antipyrin, phenacetin, exalgin, etc. Is analgesic when applied to exposed nerve terminals in wounds or ulcers; while internally it is a pronounced antipyretic when used in continued fevers, but does not affect the temperature when given in normal conditions. Its antipyretic action consists in its ability to decrease heat production, while spending its force more upon the heat producing centers than upon those of heat dissipation. It also acts as a nerve sedative, affecting both the motor and sensory nervous centers. Is useful in typhoid, influenza, migraine, hemicrania and all forms of headache, as well as in suppuration of the middle ear when applied as an impalpable powder. This shows its range of usefulness.

Acetanilid was first recommended as an antipyretic in 1887 by Cohn and Hepp and made official in the United States Pharmacopeia in 1890. Horatio C. Wood in his work on Therapeutics, 1902, page 603, declares that acetanilid may be used for the reduction of temperature in fevers, for the relief of pain and for the prevention of epileptiform attacks. That it will relieve not only the fulgurant pains of spinal diseases, but also the tremors produced by multiple sclerosis and is often useful in epilepsy. Barry (*British Medical Journal*) reports upon the use of acetanilid in the treatment of sunstroke, stating that it promptly reduced the excessive and dangerous temperature and in his opinion is a good and safe antipyretic when given in small doses.

Edward C. Brush (*Journal American Medical Association*) reports on the successful use of acetanilid in the treatment of typhoid fever, citing sixteen cases, concluding that in his judgment it is a valuable remedy. He gave it in small doses (3 grains) repeated cautiously until there was the desired reduction of temperature.

Acetanilid has been used in surgery as an antiseptic dressing on chancres, chancroids, cervical erosions and in leucorrhea as well as in fresh wounds of all kinds. It is stated by Harrell, Bodamer and Castle to be preferable to iodoform, boric acid, phenol or mercuric chloride solution and gauze. Bodamer declares that after a prolonged use of the remedy at the Baldwin Locomotive Works in Philadelphia, where amputations were formerly necessary he has had no loss of tissue nor the formation of pus in a

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How much have you unlearned this past year, and how much have you profited thereby?—*Medical Mirror.*

How much longer are you going to remain in the well-worn ruts of routinism and empiricism?—*Med. Mirror.*

single case. It does not scald the skin as does boric acid, has no odor as does iodoform, and does not poison by absorption as sometimes does phenol or mercuric chloride solutions. He also uses it as an application to mucous patches as well as in rectal ulcerations, with remarkably successful results. He declares it one-tenth the cost of iodoform and far superior as a surgical dressing.

Medical Inspector G. W. Woods, U. S. N. (*Journal American Medical Association*) reports his experience with acetanilid in twenty cases of lacerated wounds and operations, concluding his report with the statement that acetanilid should be welcomed to the outfit of all surgeons, especially those of the Army and Navy.

Frothingham and Prall (*American Journal of the Medical Sciences*, Vol. CX., p. 146), report their conclusions regarding this remedy thus: Acetanilid is probably to a slight extent a germicide; that it is decidedly antiseptic and as an antiseptic far superior to iodoform.

George F. Libby (*Medical News*, October 14, 1899) has treated with excellent success three cases of acute and ten of chronic suppurative otitis media with this drug. After removing the discharge with absorbent cotton and then applying cotton saturated with hydrogen dioxide to clear the auditory canal and tympanum, the most finely powdered acetanilid is gently insufflated into the tympanum, care being exercised that the coating is not too thick so as to retain the discharge. In obstinate chronic cases—provided the patient can be seen daily—the middle ear and inner fourth of the canal may be packed with the drug. This, of course, requires care.

We will not undertake to prolong these references as to the virtues of acetanilid, as space will not permit, but proceed to report in brief, unfavorable experiences.

E. S. Boland (*Boston Med. & Surg. Journal*, Vol. XXXVII, p. 95), I. M. Snow (*Archiv. of Pediatrics*, Vol. XIV, p. 430), Gartman and Ball (*The Philadelphia Polyclinic*, Vol. VI, p. 381) report cases of poisoning through the too free application of acetanilid, detailing their cases. One was that of an infant where the product had been applied to the umbilical stump after severing the cord. Another that of a very extensive scald including putrid destruction of tissue of the buttocks, thighs, scrotum and penis. In these cases the trouble was charged to the too free application of the remedy.

Jacob L. Manasses (*International Medical Magazine*, June 22, 1901) reports two cases of poisoning following the use of this drug as a dusting powder on wounds in children, one of six weeks and the other two and one-half years old. Both were cyanotic, had subnormal temperature, feeble and slow respiration, dilated pupil, weak and rapid heart, cold extremities, cold perspiration and marked prostration.

Jacob Sobel (*Medical Record*, Sept. 30, 1899) reports a case of poisoning following the use of headache powders purchased of a druggist. Symptoms were cyanosis and coldness of the extremities, irregular heart action, dilated pupils, clammy perspiration, free sensorium. Recovery with appropriate treatment.

Francis S. Stewart (*Philadelphia Medical Journal*, Sept. 7, 1901) gives in

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How much energy, charity, sympathy, self-abnegation and other noble qualities have you wasted?—*Med. Mirror.*

There is hope for the doctor who has the courage to say, "I don't know, but I want to find out."—*Med. Mirror.*

detail treatment of two cases of poisoning from the application of acetanilid. One patient had sustained an extensive burn of the lower extremities. The raw surface of one limb was dressed with Thiersch's skin grafts, the other with copious applications of acetanilid. This patient was found upon the following morning cyanotic, collapsed and unconscious. The second case was that of a child aged four months, suffering from intertrigo of the scrotum, buttocks and thighs. To this another physician had freely dusted a mixture of acetanilid, 1-2 dram, calomel, 1 dram and subnitrate of bismuth, 1-2 dram. The following day intense cyanosis developed. Both cases reacted readily under appropriate treatment.

Finally, Stewart declares that he "has never known of a fatality following the use of acetanilid, but can conceive of its occurring especially if the patient be debilitated from age or disease." He concludes his report in stating that "in aseptic cases of surgical practice acetanilid has no place; in septic cases there are more efficient and less dangerous agents at our command." A case of acetanilid habit is reported by G. W. Gaines (*Medical Record*, Aug. 11, 1901): "Four years ago acetanilid was ordered for a negro patient suffering from rheumatism; the medicine afforded relief, but the pain would return when the drug was stopped for a few days. The patient began taking it constantly every day, until he uses as much as two ounces a week and has been doing so for some months.

Thomas W. Luce (*Gaillard's Medical Journal*, November, 1903), reports two very interesting cases of acetanilid habit. One, an unmarried woman of twenty-six, from whom both ovaries had been removed four years previous, became addicted to the use of this drug for relief of an extremely nervous condition. She had frequent convulsive seizures which were attributed by her companions of a traveling religious organization, to spiritual manifestations. During one of these attacks she came under Luce's observation. He found her emaciated, limbs edematous, heart action weak and irregular, mucous membrane of mouth and vagina blue, skin and conjunctivæ very white. Urine of low specific gravity with large quantity of albumin. She had frequent convulsions which were at first attributed to uremia. The nurse found a large quantity of acetanilid in the patient's trunk which she acknowledged taking. She showed all the traits of the confirmed morphomaniac, moral depravity, etc.

The second case was that of a female, married, aged thirty-two, teacher of elocution. She had become addicted to the use of this drug in the form of a popular nostrum, because of severe pelvic pain, but learning that it contained acetanilid, which could be had much cheaper, began and continued to use that instead of the high-priced nostrum. Treatment consisted of removing the drug at once. With careful watching, for neither could at first be trusted, rest and tonics, they soon began to improve and were entirely recovered in six months. Neither of these cases showed a craving for the drug, nor was there depression after its withdrawal. Recovery was complete and both resumed their avocations without further need of the drug.

The symptoms of poisoning from ace-

Dr. W. J. Robinson, of New York, editor of that spitfire journal, the *Critic and Guide*. —*Medical Mirror.*

Of all things necessary in the practice of radiotherapy, is faith. The physician must believe and impress his belief.—G. G. Burdick.

tanilid are cyanosis, weak and rapid pulse and heart, dilated pupils, subnormal temperature with cold extremities, feeble and shallow respirations, cold and clammy perspiration, marked prostration and collapse. The urine is apt to be scanty and to show considerable coagulum on boiling, be red in color (due to hematoporphyrin) with casts and epithelial cells. There may later be complete suppression of urine with acute diffuse nephritis. There will be marked hyperesthesia over the abdomen which will probably disappear upon manipulation. Superficial circulation poor, progressive jaundice. Hemorrhage from the bowels may occur.

A simple test of stomach contents is an aniline odor on heating with caustic potash.

Physiological antagonists are alcohol, ether, strychnine, and oxygen inhalations. Chemical antidotes and treatment will consist of emetics or stomach tube, castor oil or other purgatives, *recumbent posture to be strictly maintained;* artificial respiration if needed; faradization or galvanization of respiratory muscles if threatened collapse; bland fluids internally if much abdominal irritation; mustard plaster over heart with external heat if temperature is subnormal or cold perspiration.

The smallest fatal dose of acetanilid recorded is 5 grains.

New York City.

HOW TO CURE CHOLERA.*

BY P. W. O'GORMAN, M. D., M. R. C. P., D. P. H., MAJOR, I. M. S.

II.

OTHER important treatment in this stage is to take every precaution to prevent onset of collapse. Confine to warm bed; apply sinapisms (on previously damped brown paper—the more thoroughly mustard is mixed, with or without vinegar, the stronger it becomes), or turpentine fomentations to abdomen, to arrest vomiting, purgation and cramps and to stimulate generally. In the earliest stage the dietary should be bland and very limited. So soon as we are assured it is really cholera, absolutely stop all food of any kind, whether milk, soup or any other. Moderately cold water only, slightly aerated or plain, may be allowed freely. Excessively cold water or ice does harm by chilling the internal surfaces first and then exciting congestive reaction, thereby also exciting thirst, besides serving to further reduce the already abnormally low body temperature. To refuse water entirely is stupid and cruel, for the exhausted body fluids must be replaced as far as possible.

But why should we stop all food? For four important reasons: (a) Would you give food during acute arsenical poisoning? No; and just because we have an irritant poison inflaming the gastrointestinal tract, which, like any other inflamed organ, must have quiescence and rest. (b) Food only increases the vomiting and purging and hence the shock and exhaustion. (c) Food cannot possibly be absorbed, much less digested (especially during collapse), and acts as

*Reprinted from the *Indian Medical Gazette.*

We have few physicians; the profession has resolved itself into surgeons, assistant surgeons and would-be surgeons.—Burdick.

Chaos reigns in therapeutics, the majority having lost all confidence in galenic preparations.—G. G. Burdick, *Wis. Med. Rec.*

a foreign irritant body. It is therefore worse than useless. (d) Food only affords pabulum for the culture of choleraic and colonic bacteria. It is therefore dangerous. Therefore avoid food *in toto*. There is no fear of killing your patient; on the contrary, it may mean life. I have stopped all nourishment for three or four days without the slightest harm, and saved the lives of my patients.

In addition, give carminatives, sedatives and astringents. Chlorodyne is very useful. Sulphuric acid and laudanum used to be much in vogue, but although the acid is antagonistic to Koch's bacilli, I don't believe in it much. The Indian cholera pills of camphor, capsicum, opium and asafetida are convenient. I would suggest the substitution of morphine for the crude opium, and the addition of two or three drops creosote as this antiseptic has proved highly prophylactic against camp dysentery and enteric among the Japanese in the present war (each soldier carries his own pills). Colonel E. Lawrie of Hyderabad used to strongly recommend quinine as a prophylactic. It acts probably as a germicide. In short, almost any astringent or narcotic may now be given, relying mainly on the alkaloid morphine rather than on opium (because it varies in strength from 1-4 to twice the B. P. standard, so that you never know where you are, and life should not be left to chance).

There is one other drug recently introduced that promises extremely valuable help—nuclein (nucleinic acid is its chief ingredient), "the active principle of life," "the ultimate basic principle of serum therapy" (Abbott), "the stimulator of the nerve center of leucocytosis" (Shaller). It has the remarkable property of increasing (doubling) the bactericidal power of the blood by multiplying even to 75 per cent. the polynuclear leucocytes or phagocytes, as well as the red cells (which can be proved by the microscope); and it is at the same time a powerful systemic up-builder, stimulating cell-growth. It is thus a physiological germicide and antiseptic and antidotal to absorbed toxins. Its indication in cholera is thus very insistent. Give it throughout the disease (noting that the effect of a dose passes off in 30—48 hours)— at first, hypodermically (5 per cent. solution), 15 to 30 drops with equal parts of distilled water, every 4 or 6 hours. Once reaction sets in, it may be given per os. in 10 to 20 drops twice or thrice a day. Caution.—Sterilize the hypodermic syringe and needle by boiling or absolute alcohol; and the skin by soap, followed by 5 per cent. carbolic solution and cotton wool.

V. *Treatment in the Collapse Stage.*—There is no disease in which collapse is so profound. The indications are exactly the same as already given, except elimination. Add to these the urgent necessity for combating collapse. At this word the ordinary practitioner at once jumps to brandy! He has been taught in college—as the layman has from infancy—that alcohol is the elixir of life. It is my duty to utter the most solemn warning in this paper. Beware of alcohol in cholera! I have the firm conviction that a vast number of cases owe their deaths to alcohol: it is truly the elixir of death. For years I have besought my assistant surgeons and hospital assistants to avoid alcohol in cholera as they would the very devil. They say: "But we must stimulate and sup-

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When strychnine has been given over a week, note if rapid pulse and irritability may not be due to it.—*Wis. Med. Recorder.*

Zurich hires 40 doctors at $2,500 a year each, furnishes free treatment to all and shuts out the rest.

port the patient." Most certainly; and this is our obvious and most imperative duty. But alcohol is not a stimulant, no more than opium or tobacco. It is a sedative in small doses and a narcotic and even irrito-narcotic, in large continuous doses! It is not a tonic, but a depressant. It is therefore not an antagonizer of collapse, but a collapse producer.

Dr. J. Barr (Physician, Royal Infirmary and Lecturer, Clinical Medicine, Liverpool University), in his recent powerful address on "Alcohol as a Therapeutic Agent" (*B. M. J.* July 1, 1905) confirms and emphazises every argument against it that I have used in my book on "The Scientific Valuation of Alcohol," and he is not an abstainer. Suffice it that, after the first temporary fillip of irritation, alcohol has a paretic effect on the vasomotor system; and the blood pressure falls, and the body temperature sinks—in fact, the lowest temperatures on record are in cases of alcoholic excesses. On the splanchnic area this is emphazised and venous engorgement of all abdominal organs results. The heat-regulating centers are deranged, metabolism is seriously impaired, and urea, carbonic acid, and other unoxidized waste accumulates in the blood and tissues; hence the dark color of the blood and practical suffocation. (Note that cholera post-mortems are asphyxia post-mortems.) The energy of the heart is wasted, pumping blood into relaxed vessels, and the nervous system is rapidly "fagged out."

Finally, Professor Sims Woodhead has shown, from the experiments of Delearde and Laitenen, that it was almost impossible to confer immunity against rabies, tetanus and anthrax on alcoholized animals; and, even when previously protected, they rapidly lost it under subsequent alcoholization. In fact, alcohol is a "narcotico-paretic-irritant" toxin somewhat akin to those of diphtheria, enteric and cholera. Behold, then, this "stimulant," this aqua vitæ, still freely prescribed in cholera! Is it astonishing that such cases would die like flies? But the same objection applies to all sedative and narcotics, including ether and chloroform; while they also add to the dangers of urine suppression and uremia when reaction sets in. And here I would draw special attention to the danger of the universal practice of continuing chlorodyne, cholera pills and "cholera cures" *ad hoc genus,* once collapse sets in. This is a fatal procedure. It but deepens collapse. How can it do otherwise? The already depressed system is hypersensitive to all lowering agents.

How, then, would you combat collapse? There are practically only two great remedies: *Atropine and strychnine.* It is astonishing how little these enormously valuable drugs are known. These are veritable *sheet anchors in cholera.*

Atropine is not a general sedative as we are commonly led to believe. It powerfully stimulates and quickens depressed action of the heart and lungs; primarily contracts and secondarily relaxes the small arteries, augmenting the blood in the integument so that the skin flushes, thus relieving congestions and hemorrhages; raises the blood pressure; increases the temperature; checks the secretions, such as serous discharges, sweats, etc.; and relaxes spasmodic contractions of both voluntary and involuntary muscles, and relieves pain. Lauder Brunton has shown it exactly antago-

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Each Zurich physician of the city has 4000 of the population to attend; each citizen paying 80 cents a year.

Doctors are probably nearly as apt to buy cheaply as the druggists; the dollar is a powerful persuader.—*Wis. Med. Rec.*

nizes the pneumogastric irritation constituting cholera. It is therefore an almost ideal remedy in shock and collapse from any cause. Give *hypodermic* doses of the sulphate, ranging from 1-60 to 1-30 grain; and says Dr. Shaller: "One need not hesitate to inject 1-30 to 1-20 of a grain when proper symptoms (of collapse) are present. Repeat the dose, if necessary, within one hour. It is better still to anticipate this condition and give it at the very first sign of collapse or shock, and in this way one will prevent this very serious condition from coming on."

It is wiser to *give small doses repeated than one or two large doses;* the effects can be watched better. In health, 1-10 grain might prove fatal to an adult; in collapse, however, larger doses may be administered, especially if opium or its derivative, or pilocarpine has been exhibited, as they are antagonistic. *"Children* of five years and upwards may begin with 1-500 of a grain, gradually increasing if necessary. In *infants,* 1-200 grain should never be exceeded, unless the dose has been gradually increased, and it should be guarded always with one-half the amount of morphine" (Shaller's guide). Children bear it proportionately better than adults; blondes are extremely susceptible. Inebriates may become wildly delirious.

Hyoscyamine resembles atropine, but is milder; the latter is preferable in urgent cases. I have seen two cholera cases become unconscious and delirious, sleep well and recover. (*c*) In sudden and dangerous collapse or syncope, 1-250 grain *glonoin* (nitroglycerin) by mouth should precede atropine.

Strychnine is the most powerful nervine, cardiac, vascular, muscular and respiratory stimulant known, i. e., acting through the nerve centers. It is "the most powerful incitant of the vital functions that we possess;" "its effect upon the nervous system closely resembles the action of electricity" (Shaller); it exalts all the functions of the spinal cord—reflex, motor, vasomotor, and sensory—the latter being least affected. (Potter.) The vascular pressure is raised, the pulse strengthened and slowed; and while the vasoconstriction is greatest in the internal (as abdominal) vessels, those of the skin, and possibly the muscles are dilated. (Cushny.) The internal temperature falls a little, while that of the skin rises. (See Alkaloidal Therapeutics.) Surely, then no better drug exists for cholera collapse. "No remedy," says Shaller, "is so strongly indicated in surgical shock and in collapse as strychnine, but only in very large doses. According to Hare not less than 1-20 of a grain should be employed, hypodermically, every half-hour."

For children *brucine*, quicker yet milder (by 1-40th strength) may be used *per os;* grain 1-134 every quarter hour for infants, till effect (Alk. Therap.); older children in proportion, say two to four such doses.

To these I may add caffeine, given in addition, in small repeated doses, as a general stimulant and heat raiser.

There is no better or more potent diad in cholera than atropine and strychnine. The only danger is that strychnine would not be pushed enough—therefore, don't fear; give big doses. Remember it is the only chance. I have usually injected 10 to 15 minims (about gr. 1-10 to 1-7 of the liquor strychinæ sulph., B. P.,

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Combating fatigue with alcohol, tea, coffee or nicotine, is like bandaging the eyes of a watchdog.—Schleich.

For stimulation camphor acts almost immediately, strychnine requires some time, digitalis still longer.—Manges.

with equal quantities of distilled water, every 4 to 6 hours, with benefit and never harm; and one case was so thoroughly stimulated, his pulse thumped and respiration panted for a couple of days (which I did not relieve), but his life was saved. But, if attendance permits, I would now commend smaller doses, repeated more frequently till effect. If an *antidote* be required, chloral will at once relieve.

Other important treatment is the usual physical remedies for restoring warmth; hot blankets; hot bottles or bricks, wrapped in flannel, round body; friction with powdered ginger or capsicum, mixed with flour; and sinapisms to heart, stomach, spine, nape of neck, and calves (blisters to side of neck, over the vagus, have been recommended.) Repeated *subcutaneous or rectal injections* of warm, sterile common salt solution (dram to the ounce of *boiling* water) for replacing blood fluid, may materially aid reaction. It is probable that *hot immersion baths,* especially in infants, would prove a potent aid to other treatment.

Take care not to kill the patient by scalding from an ill-corked bottle; nor to cruelly blister the body with mustard; nor overdo the turpentine applications, for fear of kidney congestion and strangury. Remember the skin is very insensitive, so that no complaints may be uttered. Give plenty of fresh air, warm if necessary, but not charcoal-heated, which may kill from CO and CO_2.

VI. *The Stage of Reaction.* Under the above treatment six hours should make a marked improvement. But do not relax efforts until reaction is thoroughly established, and even then continue the strychnine at longer intervals (say six to twelve hours) until all danger is passed. Remember excessive reaction—reactionary fever ensues in all European cases or in natives with European meat-eating habits, as Babus, Gurkhas, certain Mahommedans, etc., but not as a rule in ordinary vegetarian natives. Hence its prevention or moderation must be kept in mind. A curious thing is that it resembles in some cases *enteric fever,* and I invite study of this. *Continue intestinal antiseptics till convalescence.* Aconite offers satisfactory means of reducing temperature. The bilious nature of the motions, now fecal and semi-solid, must be cautiously maintained with calomel and mag. sulph.

With collapse, of course, the urine has ceased to be secreted — the organs engaged with the ejecta and sweat having usurped the functions of the kidneys. It may take a couple of days after reaction to establish them; while fever, as is usual, may further delay them, as may also previous treatment: opium, morphine, atropine, etc., all arrest secretion. It is therefore a mistake to worry the kidneys by too early attempts at forcing action. At the same time *urination occurring is an important sign of safety,* implying the permanent establishment of reaction and the recovering of the kidneys from congestive nephritis. If, by the second day of reaction no urine passes even unconsciously, or accumulates in the bladder, try counter-stimulation of the loins. If there is urgent danger of uremia, pilocarpine, gr. 1-10, may be injected; but it is a risky drug, and, if the heart is weak, should be guarded by gr. 1-10 or 1-20 strychnine. But ordinarily, if the aconite and diaphoretics do not overcome the difficulty, try *hot*

A little attention to the nipples for a couple of months before the baby comes will save many a pain.—Dukes, *Pacif. Med. Jour.*

Weakfoot may be an entity or an early stage of, or mild degree of flatfoot. The arch is not flattened.—McClure, *Lancet-Clinic.*

coffee, or kola, or even tea. Then, *caffeine alkaloid*, gr. 1, every half-hour until effect, with or without digitalin. Please note that atropine, strychnine, brucine and caffeine (tea and coffee), unlike ether, chloroform, morphine, alcohol and chloral, all *raise the body temperature.* (See Schafer's Text-Book of Advanced Physiology, Vol. I, p. 821).

As for *diet*, a small quantity of very bland and nutritious food, repeated every two to three hours, is to be cautiously tried as soon as the reaction is well assured. Brand's essences, Valentine's meat juices, bovinine, hematogen, or raw egg, along with arrowroot *prepared in water*, and predigested or not with pancreatin or maltine, and zyminised milk, suggests the safest nourishment. Next day these may be followed up with Benger's predigested food in milk, or Nestle's and Mellin's foods, etc. Sanatogen, containing the glycerophosphates of sodium, somatose, "the most highly concentrated food known," and plasmon, milk albumen in digestible form may prove exceedingly useful; all three have been highly eulogized in similar cases, as powerful restoratives. Ring the further changes on porridge of rice, sujee, sago, hominy, "grape-nuts," "force," "frame food," etc. The return to solid food should be gradual, not before a week to a fortnight after convalescence (i. e., return of temperature to normal).

Have little to do with beef teas (including Liebig's extract, lemco, bovril, and the like), or broths and soups—the sham "nourishments" of our grandmothers and of ancient physicians; they are a delusion and a snare. Dr. Fothergill, years ago, denounced them as being answerable for more deaths than all the wars of Napoleon; and yet we hear of them still pervading our sick dietary, taking equal rank with that other hoary impostor, brandy. It must be re-repeated that *these are only mild stimulants and appetizers*, and *not food* in any practical sense—the real food is cast out in the rejected meat.

SOME OF THE THERAPEUTIC USES OF STATIC ELECTRICITY.

BY HENRY WESTON BARNUM, M. D.

DURING the past few years static electricity has taken a prominent place in the treatment of many diseased conditions. For four years the writer has had a static machine in almost daily use.

We shall not detail the physiological effects of this form of electricity, but simply state that they are very decided upon all the body functions. The polar effects differ in that the positive is more decidedly sedative and nutritional.

To produce the most tonic effect the patient should be connected with the positive pole while seated upon the platform, the negative grounded. If now, with balls wide apart, machine in motion, you present the sharp-pointed brass electrode to within a foot of the patient, a very irritating negative breeze or spray will cause the skin to tingle. If sparks are given they are painful. Change the insulation to negative, repeating the experiment, and the positive breeze is

An early frequent symptom of flatfoot is pain and tenderness at the center of the heel from jarring walk.—McClure, *Lancet-Clinic.*

In contracted, nondeforming clubfoot there is pain and discomfort on standing or walking.—McClure, *Lancet-Clinic.*

soothing, and sparks not so painful. Let us cite a case or two. A woman of sixty years had been ill eight months. Could not get to the office unaided. Gave her positive insulation, negative grounded, twenty minutes daily, for two weeks, then three times and lastly twice a week for a month—cured. There has been no return, except in a slight degree, for two years, when a few treatments put her again in good condition.

A woman called for relief from toothache. Positive breeze, as strong as possible without sparks, for an hour, relieved all pain for some hours, when the tooth was extracted.

A cab-driver had complained of a pain back of the sternum for some time. Positive breeze for half an hour removed it permanently.

Perhaps the most remarkable cure we ever effected was that of chronic headache from which the man had suffered about three times a week for twenty-five years. Three months of treatment, ten minutes daily, positive head breeze, so relieved him that three years have since passed with rarely a headache.

Since studying with Doctor Snow of New York, we have used the Morton wave current with good effect as a tonic as well as in the treatment of many acute and chronic inflammatory affections. In applying this modality a piece of block tin is used, the shape and size depending upon the part to be treated and the intensity of the effect desired. This tin has a small hole near one end or edge, into which a copper wire is hooked, the other end of the wire always being fastened to the positive pole of the machine, negative grounded, when a treatment is given.

The tin is always placed next the skin and closely pressed and held to it by tapes or by a cushion placed between the part and the chair on which the patient sits. The chair is placed upon the platform about three feet from the machine, opposite the positive pole. The sliding rods are always in contact when the machine is started, and are separated very slowly. In a minute or two when the skin gets somewhat moist under the tin, they may be drawn apart more rapidly till the proper gap is attained. Let the patient indicate how fast to increase the spark.

In using this modality for tonic effect and in all affections in which we desire to treat a large part of the spinal cord and its nerves, the tin should be cut fifteen inches by two inches, placed next the skin over the spine, the upper end being attached to the positive pole. Use a spark gap of six to eight inches, prolonging the session twenty minutes, repeating it daily for a time, then not so often, as improvement is shown. If the patient is very nervous, place cotton in the ears to deaden the noise, and be extremely slow in increasing the gap. It may take several treatments before you will be able to attain the required spark-gap. The noise does not seem to detract from the sedative effect, as patients often fall asleep during the session. We recently treated a nervous, broken-down man who regularly slept during treatment and took another nap after going home. We once treated a five month's baby for anterior poliomyelitis who always slept soundly during the session.

In a case of Bright's disease, we placed a tin, six inches by three inches,

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Metatarsalgia follows wearing badly-shaped shoes, often in women, neuritis between third to fifth toes.—McClure, *Lancet-Clinic.*

Irritation exostoses form at the first and fifth metatarsophalangeal articulations, where strain is greatest.—McClure, *Lancet-Clinic.*

across the back, and used a spark gap of eight inches. The sessions were daily for two months, then not so often. Improvement was slow but the tonic effect was so marked that the patient was much pleased. Eight months after the treatment was discontinued, the urine showed very little albumin.

One of the most signal triumphs of static electricity is achieved in the treatment of lumbago and sciatica. In the former we place the tin, six by three, across the painful muscles, using as long a spark gap as possible, for twenty minutes each session. Removing the tin, we reverse the grounding, connecting platform to negative pole by the metal crook, and with balls wide apart, give sparks to the affected muscles for five minutes. It is always well to spark the entire spinal region and the legs. One should study the patient and not give such a vigorous treatment that he will never come again; and sessions should be close enough together that the effect be not lost. Let me cite a case: Mr. P. came hobbling into the office, very much bent and in great pain. He had been suffering for three weeks. Treatment was given as outlined and he walked from the office erect. This was at night. Two treatments the next day and one the next, cured. A later attack was cured as quickly and there has been no return in more than a year. We have had many such cases with a similar result in every case. Positive assurance of speedy relief will cause almost every patient to bear the pain of the sparks; and, when he finds the first treatment has given such relief, he becomes enthusiastic also. Personally we know very well what lumbago is, as twice a year it used to put us in bed; but our static machine has enabled us to keep out of bed and walk erect for four years.

What can be done for sciatica? If the patient can get to the office, seat him upon the platform with a three by four tin over the most tender and painful point, usually the sciatic notch; connect to the positive pole, and carefully attain the longest spark gap possible. It may take several sessions, twice daily, before an eight-inch gap is reached. Spark the leg and back also vigorously after each treatment. Acute cases are usually cured in a week or less. Chronic cases yield more slowly and often require the most vigorous sparks before they are cured.

We are always careful not to deceive a patient by saying sparks do not hurt. They are painful and they must be applied to the most tender and painful spots for there is the congestion we are trying to relieve.

In the various forms of arthritis we have found the wave current and sparks very effective. If the fingers are affected, each must be wound with a narrow strip of tin long enough for one end to reach up over the back of the hand to the wrist. Complete the dressings by binding snugly around the wrist, covering all these loose ends, a cuff of tin which is then attached to the positive pole. If both hands are affected, prepare alike, resting one upon the other, only one wire being then needed. The spark gap will be one or two inches. After twenty minutes, remove the tin and give a dozen short sparks to each joint. We have found daily treatments very effective in subacute and chronic rheumatism and arthritis deformans.

Erythromelalgia begins with pain in heel, sole or toe, horrible pain on hanging down, purplish hue.—McClure, *Lancet-Clinic.*

Plantar neuralgia accompanies contracted foot, agonizing paroxysms, excessive tenderness, peculiar burning.—McClure.

If the feet or the knees are affected, cut the tin into such shape as will permit its being bound smoothly and snugly to the skin. We have met with some sad cases of arthritis deformans too far developed for cure; but we are fully convinced that could static treatment be instituted early in the disease, such a thing as a deformed hand or foot would never be seen from that cause. In almost any stage of the disease arrest of progress may be assured and in many cases great improvement and relief of pain. Persistence in treatment is requisite.

We have one patient, a lady, with decided rheumatic predisposition. At one time her fingers gave her much pain. A few treatments as above so relieved her that for a year there has been no return and but little manifestation of the disease elsewhere.

Fourteen months ago a milkman fell from his wagon, seriously injuring the knee. He was attended by one of our surgeons who said some of the muscles and ligaments were torn, and who put the leg in plaster. The patient did not get about for three months, and since then has been lame and in some pain. Calling at the office we applied the wave current as strongly as he could bear, followed by sparks. This was repeated daily for twenty minutes and resulted in decided improvement, but owing to a break of machinery at the supply station from whence we derive power, treatment was suspended after four days for three weeks, when it was found some ground had been lost. This was quickly regained and improvement continues.

The power of the wave current over congestions is still further shown in its relief of prostatitis. A case presented was that of a married man who suffered from pain and pressure after even moderate sexual indulgence. The current was applied by means of a metal electrode introduced into the rectum, the spark gap as long as he could bear. The effect was all that could be desired.

Locomotor ataxia is a dread disease and any means of securing arrest of progress is gladly welcomed. At the school above referred to several cases were under treatment, each showing improvement. One year later we saw one of these patients. He was working regularly at his trade, still improving. When he began treatment he was unable to work. In our own practice three cases have been treated during the past two and one-half years. In the first two, good results in the arrest of progress and in general tonic effect have been obtained. In the last case there is a slight improvement, but sufficient time has not elapsed to determine final results. The treatment consists in applying the wave current, sparks, and friction sparks, the entire session lasting half an hour, daily for several months, then two or three times a week for two years. The long tin mentioned above is passed down along the spine, as long a spark gap as possible being used. In any tenderness in the lumbar spine, a three by six tin is placed there instead of the other tin. The sparks are applied to the entire spine, legs and bottoms of the feet. Dead nerve cells cannot be restored to life, but those functionally dead can be restored and further degenerative change arrested.

Using the static machine as a generator of high frequency currents enlarges its sphere of usefulness very markedly. In many cases the current is applied by

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Bursitis beneath the ball of the foot may accompany contraction, removal giving perfect relief.—McClure, *Lancet-Clinic.*

Opium Habit: When you realize how much suffering is due to autotoxemia and suggestion you are an adept.

means of a glass vacuum tube. This tube may be attached by a wire to the positive pole, with the negative grounded. This will be a form of wave current and as such we have used it with success in herpes zoster. Commonly some form of resonator is placed between the tube and the machine. In zoster the tube is applied to the entire area affected, giving twenty minutes to the session, daily, for a week.

In other cases of neuritis, as brachial, the application is made to the brachial nerve and to the entire arm. The treatment is much more bearable if applied to the skin, clothing removed. Close the session with a decided sparking, repeating daily till better, then less often.

In the various forms of arthritis affecting the smaller joints, and after recovery from acute articular rheumatism when the fingers and wrists are sore and stiff, glass vacuum discharges are of great value. We often give the patient the tube and let him rub it over the parts for ten minutes, when we finish by vigorous sparking. As these patients are generally anemic, autocondensation methods are valuable.

We are quite enthusiastic in the use of the glass vacuum electrode for acne. It is our practice to treat the parts a few times, then give the patient a hand mirror and let him treat himself. This creates interest and he will be sure to be thorough. The entire affected area is to be reddened, the time occupied being fifteen to twenty-five minutes daily for two or more weeks, then less often. Results will be pleasing.

A woman came to the office for relief from hemorrhoids, constipation and irritable bladder. We used the glass tube in rectum daily for a week, then less often for two or three weeks, completely relieving all the symptoms.

In fissure of the anus and in mild cases of prostatitis we have used the vacuum tube with success in every case, only a few sessions being needed.

Very annoying are those cases of small boils on the neck. They can be cut short in one or two vacuum tube treatments if thoroughly done. First hold the tube on the boil for five minutes, mild current, then increase current and give one inch sparks for two or three minutes. Repeat next day if needed.

These experiences come in the practice of nearly all general practicians, and each may duplicate the result if he will install an efficient static machine.

Poughkeepsie, New York.

THE THYROID GLAND.

BY H. D. CHAMPLIN, A. B., M. D.

III

SERUM FOR EXOPHTHALMIC GOITER.

THE first work along the lines of producing a serum for exophthalmic goiter was done by Ballet and Enriques. About the same time Lanz prepared a serum from thyroidectomized animals, which he claims to have used with good success. Merck prepared a serum of this kind

Opium Habit: The problem of thoroughly cleaning out the bowel is not so simple as it may at first seem.

Opium Habit: Cholagogs, salines and many colonic flushings are needed to empty and keep empty the intestines.

according to the formula of P. J. Moebius. Several reports have appeared, especially in the German periodicals, upon the therapeutic activity of this preparation. Quite favorable results seem to have been obtained, consisting of marked improvement in the pulse-rate, tremor, and nervous symptoms characteristic of the disease. A gain in weight, increased appetite, and decrease in the size of the tumor were almost invariably noted. The milk of thyroidectomized animals has also been used with good results.

Thyroidectin, a preparation from the whole blood of thyroidectomized animals, has given very promising results in the hands of several eminent neurologists in the United States. Lepine prepared a strictly antithyroid serum by injecting into animals increasing amounts of thyroid gland substance, for which he claims beneficial effects upon Graves' disease.

Exophthalmic goiter has been experimentally treated with tablets of desiccated milk from thyroidectomized goats and cows; the liquid milk taken from these animals after they were subjected to the operation of thyroidectomy; tablets of desiccated blood from thyroidectomized animals; the serum from thyroidectomized animals; and finally the powdered, dried, whole blood.

The clinical course of exophthalmic goiter is so varied that one is justified in withholding an opinion as to the results of any particular method of treatment until very considerable numbers of cases have been followed for a long time. However, when clinicians of the reputation of Moebius and Von Leyden go on record in favor of a method which is furthermore founded on a scientific principle, it may be thought to be of no inconsiderable value. Von Leyden has recently published an interesting clinical lecture on the topic.

The literature is fairly full of authorities for the statement that the treatment of exophthalmic goiter by the blood of thyroidectomized animals is followed by improvement in the symptoms of tachycardia, exophthalmos. Graefe's symptom, struma, physical depression, insomnia and headache, and a gradual disappearance of the whole of the morbid symptoms. The treatment must be continued for long periods, possibly years, before a total cessation of symptoms could be considered permanent. The apparent results are so striking as to encourage further use of the serum.

Antithyroidin Moebius, rodagen, glycerin extracts of the blood serum and the milk of thyroidectomized goats are all administered on this principle.

Impotence and frigidity in man and woman are sometimes benefited by thyroid extract. In man there is a nondevelopment of the penis, shown by the small size of the organ, the testicles being small and soft to the touch, combined with a history of congenital want of power and perhaps desire. Several months' treatment will very often bring about marvelous changes, desire and capability becoming normal and even excessive. In females there is often a history of delayed menstruation with a tendency to masculinism. In cryptorchidia, unilateral or bilateral thyroid feeding will sometimes cause the descent of the testicles.

Thyroid treatment has been found useful in *skin diseases,* due probably to the increased circulation in the skin. When

Opium Habit: After attending to the bowel the heart needs sustaining and all heart tonics relieve the suffering.

Opium Habit: As a hypnotic the prolonged hot bath beats all drugs except hyoscine and is the best of adjuvants.

one calls to mind that one of the most marked symptoms of myxedema is connected with the skin, viz., the pseudoedema, dry, scaly, harsh condition, absence of perspiration and sebaceous gland secretion, it shows a decreased circulation.

Gilbert and Herscher (*Bulletin Medicale*, July 30th, 1902) claim extraordinary results with thyroid extract in the pruritus of jaundice.

Kocher has been making extensive investigations on this subject. His tests of persons with sound thyroid glands showed that the elimination in the urine of from .5 to 1 Gm. of sodium iodide, ingested fasting, showed very little variation under like conditions. When the thyroid gland was diseased, however, there were wide variations in the proportions eliminated by various subjects and also by the same person at different times. Study of these variations demonstrated that they are due to differences in the histologic structure of the stroma.

The thyroid gland takes up the iodine and eliminates it rapidly again under normal conditions. The elimination is very much less rapid in thyroidectomized individuals. When the elimination proceeds rapidly in a case of struma, the gland will soon be found to have shrunk in size. Sometimes when the shrinking is very pronounced more iodine will be found in the urine than has been ingested. The specific parenchyma evidently becomes broken down in these cases. In certain others less iodine is eliminated than normally, and the struma does not shrink in size. This is the rule in the colloid goiter. The physiologic activity of the thyroid in this case is reduced. Further tests revealed that goiters which reacted to the iodide, with retrogression and increased elimination of iodine undoubtedly took up an abnormal amount of iodine and worked it over in some abnormal manner, allowing it to get into the circulation and to induce symptoms of iodism or thyroidism.

The practical conclusions are to the effect that iodide treatment should be commenced as early as possible in incipient goiter, with small doses every second day. If the struma is capable of recession, an unmistakable effect will soon become manifest, and small, periodical doses will suffice to keep it reduced to its smallest possible size. It is unnecessary to give large doses in these cases, as they expose to a needless danger of iodism; that is, of partially abnormal functioning of the gland. If a struma does not show signs of retrogression under these small doses, and if it is a diffuse or nodular colloid struma, a longer and more intensive iodine treatment should be instituted. There is no risk to the patient from such treatment, as the colloid takes up the iodine and even large amounts are scarcely able to bring the proportion in the gland to the normal figure. On the other hand, even this iodine treatment is rarely successful.

In the treatment of cretinism, infantilism, myxedema, thyroid therapy has won its greatest laurels, and did it not cure any other diseased conditions its reputation would be well established and deserving of a place in the materia medica.

PREPARATIONS OF THYROID SECRETION.

Thyroid secretion can be given in various forms. The actual gland contain-

Opium Habit: Some forms of nuclein exercise the most remarkable effect in sustaining and comforting the patient.

Opium Habit: Patients discontinuing opiates are easily affected by almost any medicine; give all cautiously, but to effect.

ing the secretion may be used; this method is of great utility in cases where experience is to be considered, and also when the patient resides at a distance and it is difficult to obtain tablets or preparations of the thyroid.

Arrangements can be made with the local butcher for the fresh gland from the newly slaughtered sheep twice a week. One-eighth to one-quarter of a lobe is a maximum dose to be given daily —being equivalent to about 10 minims of the liquor thyroidei.

The raw gland, being somewhat nauseous, can be minced and taken in glycerin or any other palatable vehicle, or it may be lightly fried of boiled before eaten. If possible, however, it is better as a rule to use one or the other of the two preparations of the gland, viz., liquor thyroidei or thyroid tablets.

Several points of great importance, are to be observed in administering thyroid:

The initial dose should be always small—one grain three times a day and gradually increased; it is rarely necessary to go above two grains.

Second point is the condition of the digestive tract, as thyroglobulin is precipitated by organic on inorganic acids. Alkalies should be administered at the same time (otherwise the drug will be only partially absorbed).

Third point. Watch the heart. An overdose may produce serious results and great depression of spirits. Especial care is required in old people with atheromatous arteries and fatty hearts.

The drugs advantageously combined with thyroid are: Arsenic, strychnia, digitalis, adonis vernalis, opium.

THE PARATHYROIDS.

These are two pairs of small glandular masses lying in close proximity to the lateral lobes of the thyroid body; they are flattened and of a reddish-brown color. They vary in size from 3 mm. to 15 mm. in diameter. They are of epithelial structure and composed of two kinds of cells. The principal cells have a relatively small homogeneous protoplasmic body; they constitute the greater part of the gland tissue. They present four different types: (1) A continuous uniform cell mass. (2) A continued cell mass, interrupted at frequent intervals by strands of connective tissue. (3) A series of anastomosing cells in a vascular fibrous reticulum. (4) Groups of small acini, each containing a small mass of colloid material in its lumen, and lined by a single layer of epithelial cells.

The second kind of cell is oxyphilic. There are three types of these cells: (1) A uniform cell mass. (2) A few columns of cells which gradually mix with the principal cells. (3) A single acinus lined with oxyphilic cells containing a colloid lobule in the lumen.

Sajous, in his masterly work on the Internal Secretions, claims that the pituitary body, thyroid gland and the adrenals are part of an autonomous system. The thyroid gland supplies the blood with some agency through which, directly or indirectly, the suprarenal glands are stimulated. The pituitary gland stimulates the secretory functions of the adrenals and thereby enhances the activity of the oxidation processes.

Insufficiency of the adrenals is followed by engorgement of the central vascular trunks, and depletion of the per-

Opium Habit: There is no real reason for any suffering not due to the patient's imagination, with bowels clean.

Opium Habit: The worst suffering we ever saw was in a man who thought he was being reduced but was not at all.

ipheral capillaries as indicated by general pallor. Over-activity of the adrenals causes contraction of central vascular trunks and engorgement of the peripheral capillaries, as indicated by general peripheral hyperemia which assumes the stage of "fever" when toxins accumulate in the blood stream.

In *syphilis* where the ordinary remedies, viz., mercury, iodide potash, etc., fail and patients seem on the down grade, with ulcerations, bone pains, cephalalgia, mucous patches, thyroid gland, two grain doses three times a day administered with soda bicarb., brings about results truly marvelous; all manifestations rapidly disappear, flesh is gained and things look in every way brighter. In twenty cases my results have even surprised me.

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And many excerpts and Reports of Society Discussions to which I am indebted for information.

Cleveland, Ohio.

STOMACH TROUBLES FROM THE STANDPOINT OF THE GENERAL PRACTICIAN.

BY ALFRED S. BURDICK, M. D.

II

PAIN and tenderness. — The severity of pain is not a safe guide as to the severity of the disease. The loudest complaints are made by the neurotic. In ulcer the pain is sharp, severe, and dependent upon the presence of food; it appears as soon as it is taken into the stomach, while it is accentuated by the highly-acid secretion; vomiting brings relief; there is associated localized tenderness, often in a spot not larger than a silver dollar; often blood in vomit and occasionally in stool. In gastritis the pain is dull, more a sense of discomfort, and the tenderness is diffuse; discomfort comes on soon after eating and is associated with gas distention. In cancer the pain is more nearly constant, food may cause discomfort and vomiting, but is not itself the cause of the pain; grumous vomit; a tumor; tenderness on pressure; emaciation. In hyperchlorhydria the pain comes on one to three hours after eating and is relieved by taking proteid food and by alkalies; acid eructations (heartburn) and diffuse tenderness.

Vomiting and Vomitus.—Remember first that vomiting may occur without disease of the stomach itself; witness the vomiting of pregnancy, the gastric crises of locomotor ataxia and the projectile vomiting of cerebrospinal meningitis; moreover, in gastric neuroses where the affection of the stomach is relatively slight the vomiting may be the most troublesome symptom and may cause rapid loss of flesh and weakness; it results from an exaggerated sensitiveness of the organ. Vomiting in the morning before taking food is a prominent symptom of alcoholic gastritis (as

Opium Habit: Why take away the prop of old age or the solace of the incurably diseased after many years' addiction?

Anemonin relieves the pains of orchitis and epididymitis; give a granule every half-hour till relief is assured.

well as of the early months of pregnancy). In acute gastritis and occasionally in ulcer, food is rejected as soon as it is taken, and painful retching may follow after emptying the viscus. In gastritis the vomiting is likely to be delayed until fermentation and its consequent distress occurs—an hour or two; the vomited matter is often large in quantity and consists of undigested food, sour or foul-smelling, frothy and mixed with mucus. If the stomach is dilated the amount rejected may be enormous. In hyperchlorhydria vomiting is not a constant symptom, and when it does occur is more likely to be the regurgitation of intensely acid fluid. Vomiting in cancer may occur early or late, but is a fairly constant symptom; more frequent when pylorus is effected; then recurring an hour or more after eating.

Hemorrhage.—Blood is found in the vomitus, as a rule, only in two conditions: (1) ulcer and (2) cancer. Rarely, in gastric catarrh the vomited matter may be slightly streaked with blood from capillary hemorrhage. If the blood is bright and considerable in quantity the presumption is that it is arterial. In most cases, however, it is dark and partially digested — therefore venous or capillary; this is particularly the case in cancer, where it is dark and "coffee-ground" like in appearance. If not rejected by the stomach it may pass into the intestine and appear in the stool. Duodenal ulcer presents strong points of similarity to gastric ulcer; here the blood appears in the feces and is usually absent from the vomit. Blood from the lungs or throat may be swallowed and simulate hemorrhage from the stomach.

Condition of the bowels.—Constipation is the rule in nearly all diseases of the stomach. It is especially marked in hyperchlorhydria, the excess of acid passing into the duodenum seeming to neutralize the alkaline secretions of this part of the intestinal canal and interfere with normal peristaltic activity. In chronic gastritis there is often an alternation of constipation and diarrhea; this is due to the fermentation and other retrograde changes of the fecal mass, which give rise to irritating substances which stimulate peristalsis; the feces are peculiarly foul. If there is associated intestinal indigestion the fecal mass will contain undigested food, especially fats. Examine for blood when you suspect solutions of continuity.

General condition.—In hyperchlorhydria the digestion is good and the nutrition of the patient does not suffer unless there is excessive vomiting preventing the taking of a sufficient quantity of food, or unless the patient starves himself on account of the pain following eating. In gastritis there is cachexia; the complexion becomes sallow and muddy, often there is considerable anemia and the weight declines, though not excessively as a rule. In cancer the loss of weight is rapid and there is usually the peculiar waxy cast of countenance of malignant disease. In the neuroses generally the symptoms are of a neurotic type, varying greatly from day to day. The exhaustion symptom of neurasthenia or the hysterogenic zones of hysteria are to be sought.

DIET—GENERAL PRINCIPLES.

In all forms of stomach disease the patient should be impressed with the importance of the following points:

1. The food must be simple; the mix-

Aconitine is the remedy for inflamed testicle; give a granule every half-hour till the pulse and fever fall.

After subduing fever of orchitis with aconitine, give atropine enough to quiet the remaining pains and flush face.

ing of all kinds of things in a single meal, as in the ordinary course dinner is a digestive danger.

2. Frugality. Overeating is the source of most of our bodily ailments.

3. Thorough mastication. And this means that the patient must take time to eat—must make a serious business of it—while aiming to get the utmost satisfaction out of the function.

Of course there are other things of importance, such as the careful preparation of food, the avoidance of fried food, the value of fluid and its proper apportionment to the meals (often large quantities of water or other liquids are drunk while eating simply to wash the food down—with proper mastication this would cease to become a necessity), the proper adjustment of proteid, carbohydrates and fats, whether a milk, cereal or meat diet is to be advised, etc. All these things may be important on occasion, but it is not wise, on general principles, to lay down too extensive rules. The main essential is to live a simple and frugal life.

Recent studies by Pawlow, the great Russian student of the physiology of digestion, have shown the dependence of the stomach digestion upon psychic influences. We all know how the mouth will water at the smell or even the suggestion of some appetizing dainty. Pawlow has shown there is a similar response in the stomach to these same influences, the sight of properly and appetizingly prepared food, as well as the smell or even the verbal description, exciting the flow of gastric juice—or as he calls it the "appetite juice." This emphasizes especially the importance of making meals attractive, by proper cooking, proper serving, and of bringing the mind upon the meal; the lunch-counter style of dining, in which the individual swallows his meal in haste (to repent at leisure) while he talks business to his elbow neighbor, is unphysiologic and courts digestive disaster, with all the metabolic evils which follow in its train.

While we have not the time here to descant upon them, attention should also be called to the studies of Fletcher and Chittenden, which show that by thorough and complete mastication and insalivation the labor of digestion may be reduced to a minimum, while the quantity of food may be reduced by nearly half. According to Voit the average man doing ordinary work requires from 3000 to 3500 calories of food daily. (The calorie is the unit of food energy as measured in heat and is used by physiologists in measuring quantities of food.) These authors showed that it was possible to get along comfortably on half this if the food is chewed to the disappearing point.

DIET FOR SPECIAL CONDITIONS.

Hypercklordydria. — Here the food should be non-irritant and at the same time have large combining power with HCl—in other words contain considerable proteid. Irritants, as spices, alcohol and hot drinks, forbidden. Milk, stale or toasted bread, well-cooked eggs, etc., meet the indication.

Chronic gastritis.—The quantity of HCl being small the food should be finely divided, or otherwise in a form to utilize to the utmost the HCl and ferments present. In some cases milk agrees best with the patient, in other cases finely chopped meat or raw lean meat that has been rubbed through a sieve does well;

Very acute cases of orchitis in the plethoric need enough tartar emetic or veratrine to quell the fierce pulse.

Rheumatic forms of orchitis demand salicylic acid, a granule every half-hour with free saline purging.

in severe cases raw beef juice. Concentration of proteid food, carbohydrates in unfermentable form, such as simple cereals (toasted bread, zwieback, granose, well cooked wheat foods, etc.). Thorough mastication imperative.

Dilated stomach. — Minimum of weight with maximum of nutritive qualities essential. Therefore no liquid foods. Give concentrated foods; frequent meals. General principles of diet as in gastritis.

Ulcer of the Stomach.—Food by rectum for a week or ten days until acute stage of ulcer begins to pass; then cautiously by mouth, commencing with milk, gruels and gradually adding cereals.

Cancer of Stomach. — Concentrated foods, consulting patient's tolerance; beef juice, chopped beef, milk, etc.

Neurosis of the Stomach.—Do not pay too much attention to patient's whims and fancies, but avoid of course, any food unsuited to the gastric chemistry. If HCl is increased, diet as for hyperchlorhydria; if HCl diminished, as for chronic gastritis; but make diet generous and give an abundance of fats, as cream, olive oil and fat meats, according to tolerance. Meat, eggs and milk nearly always indicated. If these patients can be made to put on flesh not only the gastric trouble but the general condition is usually improved.

MEDICINAL TREATMENT.

Attention to the *condition of the bowels* is fundamental, since there is either constipation or diarrhea in practically every case—constipation being the rule. Owing to the stomach trouble a properly laxative diet is often impracticable. In hyperchlorhydria alkalies are indicated and the laxative may be combined with it; for instance, magnesia is an excellent laxative. With it may be combined a little rhubarb, or better still juglandin, to generally add tone to the whole alimentary canal. The following is suggested:

Atropinæ sulph.	gr. 1-500
Juglandin	gr. 1-6
Cerii oxalat.	gr. 5
Sodii bicarb.	dr. 1-2
Magnesii carb.	dr. 1-2

M. Sig. One-half to one dram at a dose in water. The cerium oxalate serves to quiet a stomach prone to irritability and the atropine checks excessive secretion. This formula is also of value in the vomiting of pregnancy. By the addition of a little tartaric acid (taking care not to add enough to neutralize the alkali) it may be given in effervescent combination. After the bowels are brought into proper condition they should be regulated by the use of the anticonstipation pill (Waugh).

In chronic gastric catarrh the first thing is to entirely unload the intestinal tract by the use of small, repeated doses of calomel; stimulation of the hepatic areas with iridin or podophyllin may also be indicated, for in this condition of things a large amount of work is thrown upon the liver and it is essential that it should functionate properly. In gastric catarrh the morning dose of saline is indicated; here we have a foul bowel and need the drainage. These patients nearly always benefit by a residence at the "spas"—simply because they are cleaned out thoroughly and are kept cleaned out.

In the neuroses the bowels should be regulated as far as possible by exercise and diet, but a preliminary cleaning out and the temporary use of the anticonsti-

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Gonorrheal orchitis demands the quickest possible saturation with calcium and arsenic sulphides; full rapid dosage.

In orchitis phytolaccin aids in preventing suppuration and encouraging resolution. Give to full toleration.

pation formula will almost invariably do good.

As we have already said *alkalies* are the indicated remedies in hyperchlorhydria; this holds good also of acid gastritis (which however is not very common). The ordinary domestic remedy, and an effective one is the teaspoonful of soda in half a glass of water. Better is a formula such as we have already described, which has the advantage of at the same time acting as a sedative, laxative and arrester of secretion.

Intestinal antiseptics have a wide field of usefulness in stomach troubles. They are usually not indicated in hyperchlorhydria, for here the digestion is good and there should be no fermentation or putrescence of food. Nor are they indicated in ulcer—where the indication is for rest primarily and secondarily for such healing agents as bismuth subnitrate or nitrate of silver. If the stomach is very irritable they are not well tolerated and may be replaced by bismuth. In all forms of gastritis, however, there is a tendency to the breaking down of food in the intestinal canal and as a consequence the body becomes loaded with toxins. The sulphocarbolates, given well after the close of digestion, are indicated here. If there is much gas formation this may sometimes be arrested by giving the sulphocarbolates in small doses with the food. In cancer they are also of great value for similar reasons.

Tonics and reconstructives are indicated in practically all stomach diseases in which there is impairment of nutrition. The arsenates of iron, quinine and strychnine will be found especially valuable. Quinine or strychnine arsenate alone may be sufficient to restore the needed tone, but there is a tendency to anemia in severe stomach troubles and in this case the addition of the iron salt is especially desirable. As a cell stimulant there is nothing superior to nuclein. In severe cases with marked debility this should be given hypodermically.

Hydrochloric acid should be administered only when the gastric secretion is scanty or absent. It is therefore indicated mainly in chronic gastritis—never, never, in hyperchlorhydria and ulcer. The dosage is a matter of difference of opinion. Some think that a small quantity acts as a stimulant to increase secretion; others advise 20, 40 or 60 minims of the dilute acid. Always give it well diluted and let it be taken through a glass tube.

Pepsin is now rarely given in stomach troubles. It is known that in the presence of any secretion of HCl and, sometimes in its entire absence, there is enough pepsinogen to do the work of the stomach. Add HCl and the pepsinogen is converted into pepsin. When it is entirely absent, along with HCl, it is now the custom to treat the stomach as if it were a part of the alkaline intestinal canal, administering pancreatin and soda, which do practically the same work as HCl and pepsin. But do not give the pancreatin and alkali when there is acid in the stomach; it will be inert.

The *vegetable digestants*, papayotin, with the proprietaries, caroid and papoid, and possibly pineapple juice, certainly have a large field of usefulness in stomach diseases. The fact that they are active in any medium, acid or alkaline, makes them often of use in feeble digestion from any cause. But it certain-

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In orchitis never apply adhesive straps, but use a pure rubber bandage which will permit swelling without choking.

Beckler advises saturated solution of potas. permang. applied to rectal ulcers, fissures, fistulas, etc.—*Off. Prac.*

ly is not the part of wisdom to give them when HCl is present in sufficient quantity —simply because they are not needed.

Tonic bitters are an essential part of the treatment with many physicians, but they are no longer used as much as they were. In cases of feeble secretion from some gastric neurosis (hypochlorhydria) quassin, preferably given in solution before eating, undoubtedly increases the flow of gastric juice. Other bitters have a similar action and carminatives such as piperin, capsicin, etc., may be resorted to in similar conditions with benefit. But in the gastric catarrhs there is a question as to the advisability of resorting to artificial irritants and stimulants; the stomach is already suffering from prolonged overwork and to stimulate it to greater effort may be irrational. Quassin and condurangin are, however, probably harmless and may prove very helpful.

Gastric sedatives may be required in nausea or vomiting. Bismuth subnitrate is one of the best. It should be given on an empty stomach and Fleiner introduced it through the tube, withdrawing water and leaving it in contact with the stomach walls. It is usually used in too small doses. Cerium oxalate is another excellent gastric sedative. In acute cases minute doses of calomel, given at frequent intervals, do the work. It may be given with small doses of ipecac (or emetine). Carbolic acid, 1-2 gtt given in peppermint water is often effective, or creosote in the same dose. In severe cases, morphine hypodermically. Great relief is often obtained from the external use of hot compresses or the hot water bag. In feeble, irritable stomachs it is a good plan to lie quietly on the back for an hour, after eating, with the hot water bag on the epigastrium. A hot mustard draft on the epigastrium and heat to the extremities often checks vomiting.

The *stomach tube* is a therapeutic resource of the utmost value, but its field of application is rather limited. It should be used in all severe cases of chronic gastritis, where there are no contraindications, such as severe heart disease, aortic aneurism or phthisis. It is not indicated in hyperchlorhydria and is contraindicated in cancer and ulcer, in which its use by a tyro would be dangerous. The purpose of the tube is to remove from the inflamed mucosa, all mucus, food fragments, germs and other irritants, so as to give the inflamed mucous surface a good rest. It is used rarely more than once daily. An alkaline or saline solution is usually used through it for its cleansing value, but medicinal substances may be applied directly to the diseased surface with it if so desired.

In conclusion I want to emphasize one point—the importance of *rest* in the treatment of diseases of the stomach. In acute conditions this is practically all that is needed. The withholding of food for a day or two can do no harm and is often the most certain way to bring about relief. In chronic cases rest is also desirable, in as large a degree as compatible with maintenance of nutrition.

I have not attempted to give all the remedies or remedial measures useful in stomach disease—simply to outline roughly some general principles. In later papers different diseases may be taken up and treated with more detail.

Chicago, Illinois.

Ophthalmia: Chronic, strumous and cachectic cases do well on the iodide of arsenic and iodide of iron.

Ophthalmia: Gouty and plethoric patients should have a dose of colchicine at bedtime sufficient to act in the morning.

DEPARTMENT OF
SURGERY
GYNECOLOGY AND OBSTETRICS
WITH A REVIEW OF CURRENT LITERATURE
In charge of Dr. EMORY LANPHEAR
Address all communications designed exclusively for this department to
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EMPYEMA (PYOTHORAX).

BY CHARLES J. DRUECK, M. D.
Professor of Rectal Surgery, Jenner Medical College.

EMPYEMA is one of those complications which occur during the course of a previous disease that has already laid the patient low. In this instance, the pleurisy or pneumonia has prostrated the individual, lowered his vitality and made him a fertile soil for the invasion of one of the various microörganisms which reach the pleuritic effusion through the blood or lymph circulation or by contiguity from the lung. In a few rare cases, perhaps, infection arises directly through a wound of the chest wall and occasionally it is a purulent inflammation from the beginning.

BACTERIOLOGY.

The germs most frequently found are the diplococcus pneumoniæ, staphylococcus and streptococcus, and the tubercle typhoid and colon bacilli.

The diplococcus pneumoniæ is found in cases following acute croupous pneumonia and particularly in children, but the diplococcus has been found where no pneumonia was discovered, although some claim a central pneumonia probably existed in such cases. The germ is shortlived and these cases recover more promptly than any other. The pus is thick, viscid and greenish.

The streptococcus pyogenes occurs in about fifty per cent of cases in adults but is uncommon in children. Infection by this germ frequently follows influenza and also septic processes in either the lungs, abdomen or even the extremities. The pleural lymphatics communicate freely with the peritoneal; and abscesses of the liver or echinococcus cysts, carcinoma or ulcer of the stomach are frequently accompanied by empyema of the pleura. The streptococcus is frequently found in lung and pleural complications of the infectious fevers.

The staphylococcus is found in pure culture only very rarely and is usually associated with other microörganisms which give the infection its characteristics, i. e., diplococcus, streptococcus or tubercle bacillus.

The tubercle bacilli are only occasionally found in the pleuritic exudate, although they may be demonstrated by inoculation experiments. The pus is thin, clear or greyish, perhaps streaked with blood and sometimes contains minute, cheesy particles. Clinically, it is the clear, "sterile" pus that may be considered tubercular.

The bacillus coli communis, bacillus pneumoniæ (Loeffler's) and the leptothrix are the saprogenic microörganisms which add the odor to the effusion. A gangrenous pleurisy may result from absorption from a focus anywhere in the abdominal tract or from abscess of

the lung or as a result of phthisis.

I have gone into the bacteriology so thoroughly, because, while the treatment in a word is free, thorough drainage (as in any other collection of pus) the details of management of the different types of cases differ, as I will show in the cases I report below. It is important that the drainage be maintained until the pleura recovers its normal condition.

DIAGNOSIS.

The diagnosis made by physical findings must always be confirmed by exploratory puncture which may best be performed painlessly under local anesthesia. I use a large, three-inch aspirating needle in preference to the ordinary hypodermic needle because it is longer, stronger, and has a larger caliber. If fluid is found it should be aspirated. If purulent, I aspirate just the same and try to remove a large part of the fluid and prepare for the operation twelve to twenty-four hours later, according to the conditions of each case. This exploratory puncture and aspiration has practically no directly curative value, but it relieves the embarrassment of the heart and lung and the patient enjoys a temporary relief which enables him to withstand the operation better on the morrow.

OPERATION.

In the operating room, the patient is placed with the affected side well over the edge of the table and supported on sandbags, care being exercised not to roll the patient over too far and thus cripple the respiratory movements of the sound side. The arm of the diseased side is supported at right angles from the body by an assistant who stands at the patient's shoulder alongside the anesthetist. The arm must at no time be drawn across the chest or held above the head as that slides the skin forward or upward and leaves a button-hole wound which of course interferes with the after-drainage.

In my early cases, I used general anesthesia; but finding it unnecessary, I now use cocaine infiltration. The details of this procedure are doubtless familiar to all and need no repetition here. After the skin is thoroughly anesthetized we need no more cocaine except perhaps in the periosteum of the rib. An incision one and one-half inches long in the seventh interspace in the mid-axillary line and parallel with the ribs exposes the eighth rib for about one inch. The periosteum is then scraped back with a raspatory, and in removing the periosteum from the lower side of the rib the vessels are pushed out of the groove and away. The raspatory is then forced under the rib and the posterior periosteum separated. The denuded bone is now cut away with bone scissors and any hemorrhage arrested. The pleura is then opened transversely with a knife and a pair of 8-inch clamps quickly passed through the incision and the blades then opened, thus stretching and tearing the wound widely. The contained pus now escapes freely and unless aspiration has been performed previously it is often necessary to close the wound temporarily with a plug of gauze, that the tension on the viscera may be altered more slowly, as otherwise syncope might occur.

A large drainage-tube should now be introduced and fastened externally (by a large safety-pin transfixing the

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Ophthalmia: The tarsal form is said to do especially well on delphinine, with correct diet and bowels flushed.

Ophthalmia: It is useless to treat such cases locally or constitutionally if the bowels and blood are poisonous.

tube, or by a suture to the skin) to prevent its being sucked in and causing a permanent fistula. A large combination dressing covers the whole field, absorbs the free discharges and prevents possible outside infection. The whole is retained by a wide body-binder. The discharge is very profuse for the first couple of days and the dressings must be changed every few hours. After this time, one dressing a day is usually sufficient. I never irrigate these pleural cavities because irrigation at the time of operation carries quite an element of danger; several deaths having been recorded as due to flushing. Later the drainage is sufficient and irrigation is of no value.

AFTER-TREATMENT.

The tube should be left *in situ* until practically all discharge has ceased or until it is serous in character. In some cases this means three or four weeks, but in cases that have existed for some time and also depending upon the infecting microörganism, the tube may be needed as many months. In 110 cases reported by Runeberg and Borivert it averaged about seven weeks.

CASE I. Baby T., a child of six years, had gone through a severe course of right-sided pneumonia which subsided critically, but three days later the child had a chill and rise of temperature. When I saw the child she was dyspneic, struggling for air and had a temperature of 102.6° F., per rectum. Physical signs indicated empyema and aspiration showed thick green pus, but as the needle plugged up, very little was withdrawn. The chest was opened, as outlined above, and the pus rolled out like thick cream. Microscopical examination showed diplococci. A voluminous dressing was applied and the child put to bed. The dressings were not changed until the next day and by that time the clothing and bed were soaked with the discharge, but the patient was quite comfortable. The temperature rapidly fell to normal, the child rallied and in a week was quite playful. In about three weeks the tube was removed and in another two weeks the wound had entirely closed. Two years later the child died of diphtheria but at no time suffered any lung trouble.

This case was quite exceptional in such a prompt recovery. When the streptococci or staphylococci invade the effusion or the disease has existed for some time, convalescence is protracted and the drainage tube is needed much longer. It often becomes a troublesome matter to retain the tube in the wound and if it remains out for a day it cannot be replaced. I have therefore taken the flanged drainage-tube and instead of fastening the flange externally to the skin by straps, I clip off the flange on two sides of the tube and pass this end inside of the chest. The tube is now cut off a fourth of an inch outside of the chest and fastened with a large safety pin to prevent its being sucked into the pleural cavity. The patient may now be given his liberty and a nurse or his family may change the dressing without danger of disturbing the drainage. To remove the tube, I pass an 8 inch clamp to the base of the wound one blade inside the tube, the other outside, and grasp the tube. Then by slow steady traction the tube is easily withdrawn; the small end flanges easily straighten out and come through the constricted opening. The first few

Ophthalmia: In acute forms, give mercury biniodide, gr. 1-20; iodoform, gr. 1-2; ars. iod. gr. 1-67; phytolaccin gr. 1-2, q. i. d.

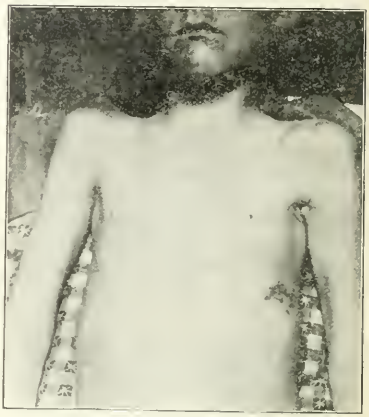
Opium Habit: Capsicin relieves sinking at epigastrium, stimulates stomach, nerves, brain and rouses vitality.

tubes I used were inserted without trimming the flanges and although they remained in position well enough, I had trouble in getting them out. The following case carried a tube ten weeks.

Case II. Mr. R., a blacksmith, aged twenty-eight years, was first seen June 26, 1903. His father died of consumption, his mother and the rest of the family are well. During the preceding February, Mr. R. had a left-sided pneumonia and later, empyema. He had not been able to get out of the house since the onset of the pneumonia, and did not know when the empyema began. Breathing was restricted and difficult and the heart beats tumultuous. He did not complain of pain. On June 27, I resected the rib and opened the chest and a large amount of foul pus exuded. A drainage tube was inserted, flange inside. Laboratory examination showed tubercle bacilli and streptococci. On July 16 he left the hospital but the drainage tube was not removed until about the middle of September. The wound closed in a short time after the tube was removed and he is now working at horseshoeing and is in excellent health.

Occasionally a pyogenic membrane will cover the diseased pleura and prevent further healing, as in the following case:

Case III. A. H., a boy of nine years, had pneumonia two years ago and then again last spring, and empyema followed. June 6, I aspirated two quarts of very foul pus. June 7 I resected the rib and considerable pus escaped. The discharge was so offensive that one of the nurses was nauseated and it was about as bad as anything I have ever met. Flakes of pus and fibrin floated out. The tube was removed about September 1, but as soon as the opening narrowed the temperature began to rise and the appetite to fail. I saw him again on October 4 and the next day reopened the wound.



Empyema.—Showing Fistula.

A cavity about the size of a plum was found which contained pus and was lined with a thick, gray membrane. The whole cavity was washed out with iodine solution and packed with iodoform gauze each day for about a week. After that plain gauze was used. The gray, dead look has disappeared and granulations are now filling it up. The case is still under treatment but is rapidly improving.*

SEQUELAE.

Occasionaly, a sinus will persist long after the tube has been removed and is usually due to the opening not draining

*Since writing this paper, the wound in Case III. has healed, but the accompanying photograph shows the deformity of the left side of the chest. The respirations have lessened in frequency, and the boy feels good. His weight is increasing at the rate of one and a half pounds per week.

Opium Habit: For nervous debility, relaxation, give brucine, hydrastine or berberine, separately or together.

Opium Habit: Nausea may be relieved by cerium oxalate, but best purge with calomel, followed by salines repeatedly.

the bottom of the cavity, but I have never had this happen since I used the flanged tube.

Necrosis of the rib, abscess of the lung or chest-wall, or the continued presence of a cavity between the two layers of the pleura because either the lung does not expand or the chest does not fall in enough, are all conditions requiring further thoracoplastic operations.

These few cases show in a measure the application of the treatment of empyema by drainage. While I have outlined a stereotyped treatment I think the cases show that each case calls for considerable originality of technic on the part of the surgeon and they all impress the point that many lives may be saved and the convalescence always shortened by early and thorough drainage, together with whatever constitutional treatment is indicated.

Chicago, Illinois.

WHY DO WOMEN DIE OF CANCER OF THE UTERUS?

ANSWER BASED UPON AN EXPERIENCE OF MORE THAN 500 VAGINAL HYSTERECTOMIES.

BY EMORY LANPHEAR, M. D., PH.D., LL.D.
Formerly Professor of Operative Surgery in the Kansas City Medical College and Professor of Surgery in the St. Louis College of Physicians and Surgeons.

THERE are certain principles, certain truths, in medicine and surgery which cannot be repeated too often. One of these is that *cancer of the uterus is a curable disease.* It is important that this be told again and again for the reasons that many doctors have not yet learned its truth, and that practically all have been neglectful in impressing upon their patients the fact that *any "showing" of blood after cessation of menstruation is a symptom demanding the most careful examination*: not internal use of ergot, adrenalin, etc., but thorough inspection of cervix and palpation of uterus.

Why do so many patients die of cancer of the uterus?

1. Because women neglect consulting the family doctor until it is too late for cure.

2. Because many doctors do not examine patients who complain of suspicious symptoms, do not recognize the disease in its early stages or for some reason hesitate to tell the patients the true character of the disease.

3. Because some physicians do not as yet believe any operation is curative of carcinoma uteri.

4. Because improper treatment is adopted.

Of the first I can only say: It is the duty of every doctor to repeatedly inform every patient approaching the climacteric that any bleeding after the menopause, or any excessive bleeding at the change of life, is an indication of serious trouble and demands careful examination by the family physician.

Concerning the second, I can only repeat that which I have so often declared: The average doctor is too busy, too careless or too indifferent to the welfare

Opium Habit: Nearly all the suffering from withdrawal comes from fecal autotoxemia if not purely autosuggestive.

Opium Habit: Cocaine gives apparent relief at first, but surely adds a more disastrous habit to the first one.

of his patient to make a thorough pelvic examination for the cause of what seems to him to be a trifling loss of blood. For years I (and many others) have been shouting: that when pain becomes a prominent symptom, when the patient suffers from free hemorrhages and foul discharges, it is too late for curative measures; and especially that the slightest show of blood from the vagina of a woman past the menopause is a strong indication of cancer—yet every year thousands of doctors ignore the assertion and prescribe internal "remedies" (!) instead of insisting upon instant examination. A suspicious point of induration, a point which bleeds on touch, an ugly ulcer—each demands microscopic examination or examination by an expert gynecologist.

Why will doctors not learn the lesson? It is a strange thing that physicians who will call a surgeon within a few hours in a case of appendicitis will let a patient with cancer drift along until too late! Once more I want to repeat: *The only salvation in cancer of the uterus is in early recognition and extirpation.* But worse than this carelessness about proper examination is the timidity (if nothing worse) which makes doctors refrain from telling patients of their suspicions. I often get letters from doctors saying, "For months I have been suspicious of this disease but did not want to alarm the patient!" And that in a disease where weeks alone may separate life and death! It is terrible when one looks at it in cold type. But the plain facts cannot be put too strongly.

Relative to the third I can emphatically state: *Cancer of the uterus* IS *curable* —by early vaginal hysterectomy; an operation almost free from danger in skilled hands. My reason for this positive declaration is embraced within the following:

In a paper read before the Mississippi Valley Medical Association some years ago I submitted a report of several thousands of cases operated upon by my acquaintances, showing 291 absolute cures: i. e., patients who had lived five years or more after vaginal hysterectomy for cancer of cervix or body of the uterus—the diagnosis being verified by microscopic examination in all but 5 cases. Of these *cures* my own records at that time showed 28 cases in 362 vaginal hysterectomies. Since the publication of that report I have been able to trace more than forty of my own patients who have lived more than 5 years after vaginal hysterectomy and more than 60 who have lived longer than three years; in an experience covering more than 500 vaginal hysterectomies. In the face of figures such as these, can anyone for a moment doubt that we can cure this terrible disease? The only requisites are early recognition and careful operation.

As to the fourth proposition: Amputation of the cervix, burning with cautery, application of the x-ray and other measures, in any case suitable for vaginal hysterectomy, are only to be condemned; they are to be reserved for cases too far advanced for radical operation. Concerning abdominal hysterectomy for this disease I can only say: it is my observation and experience that any case so bad as to demand suprapubic incision is too far advanced for hope of cure and therefore should be subjected only to palliative measures.

Opium Habit: Gelseminine for hot head, bright eye, restlessness, fever, motor excitement; don't overdose with it.

Opium Habit: For wandering pains and motor restlessness purge and give cicutine hydrobromide carefully dosed.

Finally, whenever the uterus is fixed in the pelvis, whenever the bladder, rectum or vagina is involved, whenever there is "cachexia" and whenever the woman has been seriously weakened by hemorrhages, radical operation is rarely justifiable.

But—the disease *ought* never to be allowed to go so far without recognition.

St. Louis, Missouri.

SOME OF THE COMPLICATIONS OF APPENDICITIS.

BY H. C. CROWELL, M. D.
Formerly Professor of Gynecology in the University Medical College of Kansas City.

APPENDICITIS may be one of the most simple or the most complicated of abdominal lesions, surgically considered. Recurring and early cases are not often attended by serious complications. There are, however, a certain per cent of cases presenting complicating features that cause us much anxiety, not to say doubt and uncertainty as to their exact significance, and are well worth our careful consideration.

First, among the common symptoms, quite universal, and to be expected, may be mentioned vomiting. Following anesthesia, vomiting is quite frequent, and if dependent upon the anesthesia alone is unimportant, but it may be a symptom of grave significance. When associated with increased pulse-rate, elevation of temperature, tympanites and severe intermittent pains in the abdomen, it may mean peritonitis. If excessive, with severe intermitting pains and a falling pulse-rate, with slight elevation of temperature, it suggests intestinal obstruction.

In these latter cases we soon should have the fecal odor attending the vomit. If due to any cause interfering with the proper peristalsis of the intestines, not a general peritonitis, there is less abdominal tenderness. The pain is paroxysmal and, while referred to a certain area, does not serve in locating the point of obstruction.

The expression of the patient is, usually, that of one in excruciating pain. The peristaltic wave of the intestines beneath the abdominal wall may be observed in these patients. If the obstruction is partial, fluids and gas may pass through with a gurgling sound. If the paroxysms are severe the patient is prostrated and covered with perspiration.

No movement of the bowels can be secured, by any means, except from the lower bowel below the obstruction from possibly the first washing.

Realizing the powerlessness of medicine and the inevitable result in these cases it is apparent how important it is to make an early diagnosis, knowing as we do, that if unrelieved these cases nearly all die in five or six days. It is well said, that "Ileus must not be confounded with an aggravated tympanites which often gives rise to symptoms like those of intestinal strangulation." In these cases the abdomen is swollen and tender and the bowels at first resist all efforts to empty themselves, whether the attempt is made by the mouth or by enema; and there may be a too persistent nausea and vomiting.

If to this picture we add the intestinal spasm and pain, we have that of *ileus*,

Opium Habit: One of the best agents to sustain the heart is sparteine, best given hypodermically, up to gr. ij.

Opium Habit: Sudden synope when reduction is too fast may be best met by glonoin and brucine given together.

with but little doubt. To make the picture complete, admitting of no mistake, we should have added to the tympany and abdominal pain the characteristic facial expression of ileus.

In some of these cases, with all of the symptoms mentioned save the last, persistent efforts are attended with success and a bowel movement is secured. Until this result is obtained even the wisest may be deceived. It is not always easy to say whether we have an ileus or a peritonitis to deal with, as we may have both at the same time.

In ileus, uncomplicated, there should be but slight elevation of temperature, while in peritonitis there is usually some fever. In peritonitis the pain is not local but more diffuse, and it is not paroxysmal to the same degree. The vomiting is more continuous, and the pain is a result of the vomiting and not independent of it. The prognosis, which is always bad, is modified by an early diagnosis and early radical measures.

The peritonitis which we here consider has a septic origin and, it must be borne in mind, does not usually manifest itself until the germs have had time to multiply and excite reaction on the part of the peritoneum. This reaction on the part of the peritoneum is manifested by gaseous distension causing a tympany like that of an ileus. The pain is constant, with moderate paroxysms occurring every few minutes. In peritonitis the face is pinched and drawn, the eyes are hollow, and the expression anxious. The skin is often dusky and the forehead is bedewed with sweat. Vomiting, an early and persistent symptom, is less in quantity than in ileus and not as likely to be stercoraceous. The abdominal tenderness is greater and increases. The thirst in either case is excessive. The symptoms of septic peritonitis appear on the second or third day, and may run a course of three to five days, about the same time as a well-marked ileus.

The common causes of acute obstruction are strangulation by bands or through apertures, volvulus, intussusception, stricture, foreign bodies inside the bowel, compression from outside tumors; differing, I assume, from an ileus in which we have but a small part of the bowel, fixed to some immobile point, and not so complete an obstruction, yet giving modified and less pronounced symptoms, symptoms, as we have seen, almost identical with those of peritonitis; hence the difficulty in arriving at a differential diagnosis.

The principal feature of diagnosis, in acute obstruction from the causes mentioned, is its sudden onset which is not the case with ileus which may come on more gradually and is less pronounced; "collapse, always marked, often alarming, attends every case of acute obstruction." "Diagnosis from other diseases is not often difficult." "Acute peritonitis may be mistaken for intestinal obstruction." "The temperature is no guide."

"In a marked case of intestinal obstruction I doubt if the separate diagnosis of peritonitis is ever possible." "From the pathological standpoint, it is easy enough to be definite; but not so from the diagnostic." "We are too seldom certain of the diagnosis, to be always dogmatic as to the treatment."—Greig Smith.

Kansas City, Missouri.

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Nowadays, if a man wakes in the

Opium Habit: The best remedy for insomnia is hyoscine hydrobromide, gr. 1-100 at bedtime hypodermically.

Opium Habit: Zinc oxide and valerianate are useful to quiet stomach and nerves and induce sleep; a grain each.

morning with pain in the belly, he is in immiment danger of ending the day (if not his days) on the operating table. The physician should know more about the disease; we are therefore under obligations to Dr. Crowell for this fine paper. We ought to know more about the complications of appendicitis.—Ed.

ASEPTIC DRESSING OF THE UMBILICAL CORD.

BY JOHN C. MURPHY, M. D.
Professor of Obstetrics in the St. Louis College of Physicians and Surgeons.

DR. C. A. BUTTON, of Holland, N. Y., propounds a series of interesting questions concerning the dressing of the umbilical cord, which deserve careful consideration; the more so because many practicians regard the matter as of minor significance and are apt to leave the dressing entirely in the hands of the nurse or a neighbor-woman who volunteers to dress the baby.

Question I. In this question Dr. Button embodies the following: "In theory the necessity for aseptic dressing of the wound, after the umbilical cord separates, is probably universal and unquestioned. Many tie, cut and dress the cord in an aseptic manner, and many do not; some do a part of the work aseptically and the rest otherwise. Stripping off the jelly of Wharton is doubtless a good practice too little followed. Are the three elements necessary to decomposition, bacteria, heat and moisture, always all present in the cord, and which is the greater factor in its separation: Necrosis from lack of nourishment due to the change in circulation, or decomposition due to external influences?"

Answer. Decomposition is not always necessary for separation of the cord. At the time of birth the umbilicus and the cord are sterile so far as pathogenic bacteria are concerned, if not contaminated by (a) the bed (b) the hands of doctor or nurse, or (c) the instruments or cord used in separating the child from the placenta; if a perfectly aseptic dressing be instantly applied and maintained for several days there will be no infection, no decomposition—the remnant of cord will simply dry up and drop off by what is termed in surgery an "aseptic slough." This is the ideal method. In most instances, however, from either imperfect first dressing or infection by nurse during the process of bathing, bacteria of decomposition find entrance and the process becomes one of "infected slough" or necrosis.

Question II. "Is an aseptic first dressing an advantage or a disadvantage?"

Answer. If properly done it is the ideal manner of treating the cord. Without doubt all cases of tetanus neonatorum depend upon introduction of the germ through imperfect dressing of the navel. A piece of twine not sterilized ("any old string will do" says the average midwife) used for tying the cord, dirty shears for cutting it, or unclean cloth for wrapping it, may each be the cause of death. The old practice of "burning the hole"—instead of cutting it—in a clean piece of old linen for the first dressing was an empiric but good way of preparing a sterile envelope for the cord, because fire is the best sterilizer we have.

Opium Habit: It is never hard to persuade the patient that some other time is better in which to stop his drug.

Toothache: A granule of aconitine crushed and inserted in the cavity is quite effective when nerve is exposed.

Question III. "If an aseptic dressing is applied should the cord and surrounding area be sterile?"

Answer. As already mentioned, at the moment of birth the child and the cord are sterile (except under certain extraordinary circumstances, as abscess of the vulva, etc.) and if the dressing be done at once there is no need of "sterilizing" contiguous parts; washing the region of the navel with a little soap and water with sterile cloth and application of the sterile dressing is all that is necessary after clean removal of the babe.

Question IV. "If not dressed in an aseptic manner, is there any advantage in sterilizing the string used to tie and the instrument to cut the cord?"

Answer. There is indeed the most urgent necessity for using aseptic string and instrument. The string is probably the most frequent source of infection, as it is most easily contaminated; and if there be an abrasion of the skin or (possibly) a tear in the tender outer structures of the cord, infection may take place, serious in character.

Question V. "Is there any good and scientific reason why the cord should be placed on the left side?"

Answer. Practically it matters little where the cord is placed so it be enclosed in a sterile dressing.

St. Louis, Missouri.

ENDOMETRITIS.

BY CURRAN POPE, M. D.
Professor Physiological Therapeutics in Kentucky School of Medicine; Medical Superintendent of the Pope Sanatorium, Louisville, Ky.

III.

CHRONIC ENDOMETRITIS.

THE author is fully aware of the contentions that are now being made as to whether we have to deal with an "inflammation" in chronic endometritis. The facts are at present unsettled and until sufficient data has been brought to bear to render the question positive I shall still adhere to the time-honored belief that we may have a chronic inflammation of the endometrium without diagnostic evidence of the involvement of the parenchyma of the uterus.

The symptomatology of chronic endometritis, as usually stated by the patient, constitutes a somewhat obscure condition that can never really be cleared up without local examination, and the frequency of its occurrence and the obscurity of some of its symptoms justify us in an examination, when otherwise we should reasonably forbear. It is astounding sometimes to see the different ways in which endometritis will affect different women. Some cases, especially those of high-strung, sensitive and neurotic dispositions, will suffer intensely from the classic symptoms, while others will continue to bear with an equanimity remarkable to behold, a surprising amount of disease that is only revealed by actual manual and visual diagnosis.

Toothache: Gelseminine, a granule every half hour till relief, is useful for cases due to catching cold.

Toothache: An attack may be broken by taking a hot footbath and a sweat with pilocarpine, gr. 1-6, hypo or in hot water.

The author's explanation of this is to be found in the nervous system of each individual, for while the sensitive organism responds more acutely, those of stronger "nerve" bear the disease better. Constant and accumulating experience however, has taught me that very frequently endometritis may be the starting point for a long state of chronic ill-health and semi-invalidism which is oftentimes medicated under misleading diagnosis and euphonious titles. It complicates many general states and often requires local treatment of itself, in addition to general treatment for the general condition. When women come complaining, the symptoms we are most likely to find are those of an increased leucorrhea, a weak, tired back, with sometimes local pains.

Pozzi has so simply and clearly laid down the symptoms of chronic endometritis that the author will adhere to his syndrome, which consists of the following:

1. Pain; Local, Transferred, and Reflex.
2. Leucorrhea.
3. Dysmenorrhea.
4. Uterine Hemorrhage.
5. Symptoms in Neighboring Organs.
6. Symptoms in Distant Organs.

Pain.—Pain may be both local, reflex, and transferred. Local pains are usually described as existing in the lower part of the abdomen over the pubes, sometimes extending to both sides; others complain in addition of an aching in the pelvic bones, and vagina. The pain is usually described as a sore, raw, dead, dull pain, more or less constant, aggravated by standing, much walking, physical overstrain of any kind, especially lifting. In addition, sudden cramping and cutting pains are superadded, this being supposed to be produced by contractions of the uterus in its endeavor to expel the uterine discharges. In addition to the pain there is usually a sense of weight, and discomfort in the pelvis and a feeling as though the uterus were lying low and pressing upon the vaginal canal. True reflex pain is usually felt in the sacral and lower lumbar regions. It varies in intensity, duration and exacerbation. The pains may be limited to a small part of the sacral region on either side of the spinal column; it may extend entirely across the back and involve the entire lower lumbar and sacral regions; it may extend up the spine and into the coccyx or even down the sciatic nerve. The author has noticed a patch-pain that is found on the inner side of the thigh that is very frequently associated with this condition. In addition to actual reflex pain, patients usually complain of very weak backs, and in fact backache of every shade and variety is to be found. The backache is as a rule dull, heavy, and oppressive with frequent or occasional pains of a sharp, intense character, intermittent but pressing. Of the increase of pain during menstruation, we will speak later.

Leucorrhea.—The kind, character, and persistence of uterine discharges demands our most careful and thoughtful consideration. Leucorrhea is most distressing to the majority of women, a true discomfort, and to those who are supersensitive or refined, it is a source of humiliation. Its inspection often gives most valuable knowledge and as it comes from "the seat of war" this should

Toothache: Don't expect any relief if there is a nerve exposed to the saliva, but cover it with cotton and wax.

Toothache: If the above remedies do not suit you, go to the dentist and he will tell you how you could have prevented it.

not be limited to the naked eye-inspection through the speculum, or even upon the cotton, but with microscope as well. The failure to study these discharges may be truly laid at the door of the gynecological surgeon—the modern therapeutic nihilist—whose vision is limited to curettage, cervical repair, or amputation of the organ. The normal secretion is whitish, alkaline in reaction and occurs in unmarried women as a white, curdy deposit. In the glandular variety where the secretion comes from the uterus, it is thin, and when from the cervix it is thick, albuminous-like, clear, and tenacious. When it is septic it is thick and purulent or it may be liquid and creamy, practically pure pus. It may at times be precipitated by the acid secretions of the vagina as it comes from the external os, and appear as a white or greenish-white discharge. The mucus may be intermittently tinged with blood, for the endometrium is apt to bleed easily.

The white discharge may simply be an exaggeration of the normal secretion of the cervix and the woman should be asked closely as regards this for many women normally have a certain amount of leucorrheal discharge, and their opinion may be useful. In some cases of leucorrhea the discharge becomes so thick that it cannot be wiped away with a swab. Profuse leucorrhea of the thin, serous, mucopurulent, or mucoserous, character is one of the chief signs of the disease. There occurs in old women, who have long ceased to menstruate, a form of endometritis, in which a thin discharge of creamy pus is secreted, being usually accompanied by a most harassing pruritus vulvæ.

Normal uteri, save during the tumescence sexualis have no discharge and the degree of departure from absolute health is frequently indicated by the amount, character, and persistence of the discharge, for it indicates local disease and if profuse or purulent, demands local treatment and care. There is of course danger of infecting the tubes and ovaries and for this reason prompt action is demanded. While there is in the uterine tract no discharge, there is however, sufficient secretion to keep the tissues moist and anti-bacterial on the one hand, and for preserving spermatic life on the other.

Dysmenorrhea.—Previous to the commencement of menstruation the reflex pains are greatly increased and a sense of weight, discomfort and burning usually experienced in the pelvis; the general systemic and nervous condition becomes worse. Painful menstruation is a most frequent accompaniment of endometritis, the pain of which is usually suprapubic, intermittent, and colicky in character. It is worse during the first two days of the period, though in many cases it lasts all through and for several days after cessation of the flow. Soreness, and usually tenderness, accompany the period. When the membrane is exfoliated, the uterine contractions are frequent, excessively painful, and last until the membrane is expelled.

In one instance that has come under my personal observation, the patient had to prepare for each period as for a delivery, arranging her household matters and having a doctor with her from six to twelve hours, during which time morphine was invariably used in large quantities with the result that the mor-

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For beginnings of ophthalmia purge smartly with calomel and jalapin followed by saline laxative to full flushing.

The surgeon has learned that for him prompt interference with the processes of disease is the only price of success.—*N. E. Alk.*

phine habit was contracted. Recovery from the habit and endometritis was the result of the treatment hereinafter to be outlined.

A good many of the cases of dysmenorrhea from which young girls persistently suffer are due to endometritis. The chief cause in these cases are the wearing of tight corsets, exposure to wet and cold, chronic constipation and improper diet. Dyspareunia is often present, but as the cervix uteri is not tender, the sensitiveness is usually a sign of a parametritis or other involvements outside of the endometrium.

Sterility is a most frequent result of endometritis, whether this be produced by infection, or a previous miscarriage. The cause of the sterility is usually the absence of a suitable *habitat* for the ovum in the uterine cavity. With the increased secretion of the cervical glands the canal becomes obstructed, preventing the entrance of spermatozoa and increasing the alkalinity of the cervical secretions. Sterility is in the author's opinion, particularly likely to follow the ravages of the specific bacillus of Neisser. When these cases seek advice and health many years after marriage, complaining of barrenness with persistent symptoms of endometritis, the possibility of this infection must be kept constantly in mind. Sometimes the yearning for maternity has been the only symptom that has led to an investigation of the state of the uterus. The presence of endometritis does not however, preclude the possibility of conception, only diminishes the probability.

Uterine Hemorrhage. — Excessive menstrual flow or hemorrhage usually accompanies endometritis. It is brought about by excessive congestion of the uterus and impairment of the endometrium. Usually the discharge is too profuse, lasting from several to many days beyond the normal limit. Here again, we must consider family peculiarities and hereditary traits when forming an opinion as to what constitutes a normal duration of the period. In some cases the flow recurs every two weeks and its duration may be extended several days. When hemorrhage is present it is much more frequent in the early stages, clots being passed causing intense pain. In the later stages the opposite may attend, viz., irregular and scanty menstruation and these cases are usually women who become anemic and are inclined to grow fat, reference to which has been made in a previous section.

Neighboring Organs. — The most frequent affection associated with this condition is irritability of the bladder causing frequent and in some instances painful urination. Where the latter occurs, it is usually due to a secondary infection of the urethra by the purulent discharges from the vagina. In the same way the irritability may be superadded to the rectum.

Distant Organs.—Disturbances of the *gastrointestinal tract* nearly always play a prominent part. After a certain length of time the appetite begins to fail and becomes fickle, the digestion is slow, the secretion of the stomach changes, the muscular power becoming atonic. Gaseous distention of the intestines is a common symptom, possibly due to the lack of muscular tone, lessened peristalsis, intestinal fermentation and indigestion, followed by increased accumulation of gases in the canal. Constipation is near-

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One disease common at this season of the year responds very promptly to nuclein. This is tonsillitis.—Sanborn, *N. E. Alk.*

Apomorphine is specially useful in delirium of acute alcoholism and delirium tremens; small doses only.—French, *N. E. Alk.*

ly always present, increasing the general discomfort and ill-health and by its irritating influence and pressure, causing a local increase of congestion, irritation, and inflammation. When endometritis has lasted any length of time, we will find anemia present, oftentimes marked.

Examination of the Blood usually shows the hemoglobin to range somewhere between 40 and 60; a leucocytosis to be present with increased number of microcytes; a few poikilocytes; the red blood corpuscles in some instances presenting under the microscope a "dirty" appearance. There is a general lack of energy and the patient tires easily.

The nervous system is always more or less involved in endometritis, and patients show nervous symptoms of greater or less severity through all the stages of the disease. We have refrained from speaking of the transferred pains in another section, believing that they more properly belong in this. Headaches on the top or "cranial center," a dull, heavy, weighty pain, and the feeling as though a weight were pressing on the brain, together with a sensation of pain and drawing at the occiput or nape of the neck are frequent. Some complain of a most indescribable sensation between the shoulder blades. These cases are as a rule mentally depressed, easily worried, have a tendency toward sadness, weep easily, and a feeling of intense incapacity for any kind of mental work or care. They become neurasthenics and hysterics unless properly treated. Physicians are too prone in these cases to make a hasty and superficial examination of the nervous system, for it will be found that endometritis is frequently painted on a nervous background.

Louisville, Kentucky.

(*To be continued.*)

SURGICAL CONSERVATISM (?)

BY F. S. LEWIS, M. D.

IN his article, "What is Surgical Conservatism," in the February CLINIC, Dr. C. P. Thomas of Spokane draws a picture of a case which is no doubt much too common. With much of his argument I agree. But was the course pursued in that case the proper one from a medical point of view? Does he not create a man of straw and then demolish it with his surgical argument? To show that he is correct in his plea for surgical interference he should present a case *properly* treated medically.

Here is an actual case which occurred about one year ago, and as it illustrates the difficulties of frontier practice I shall give it in full:

The daughter of an old friend of mine living in Seattle, eighty-five miles east from here by the water route, was taken with severe pain in the abdomen. A physician was called, who after twenty-four hours' unsuccessful effort to relieve the symptoms more than temporarily, advised removal to the hospital and an operation as the only satisfactory and safe procedure—it being, in his estimation, a probable appendicitis. The father objected — stating that before operation was decided upon he wished the advice of myself who, unfortunately, lived eighty-five miles (and over twenty-four

Clinical results astounding. I can put any galenic prescriptionist to shame in an epidemic.—Gray, *N. E. Alk.*

I carried the defervescent alkaloidal tablet around in my bag for a year or two before I dared to use it.—Palmer, *N. E. Alk.*

hours) away. The physician consented, saying, "very well, then, get the ice-bag and pack the abdomen," etc., etc. On that day I had a call to a case of midwifery forty miles west, going by steamer. I could not return by same boat and must wait thirty hours for the next. I received the message from my friend too late to reply that night (Tuesday) but wired him Wednesday that I could not possibly reach Seattle until Thursday night and asking particulars. I reached home Thursday at 6 a. m. and found that I must call on my way to Seattle to see an important case already in my care seventeen miles east of Port Angeles. Getting through with that case, I hired a team to drive me to Port Townsend, forty miles, where I caught a boat and reached the house of my friend in Seattle at 11 p. m. to find—what? The case past help? Far from it! I found the patient nearly well, all pain gone, but little tenderness and no temperature above normal. Compresses of salt solution were substituted for the ice and instructions for rest and careful diet until all tenderness or pain on movement had disappeared. The patient was well within the week, has had no return of the trouble and was shortly afterward married and is now in the best of health.

Now it may be said that this was a mistake in diagnosis. Not necessarily. I have a record of twelve consecutive cases of appendicitis (abscess in the region of the appendix) treated with cold water compresses; morphine to the point of stopping pain and peristalsis, and starvation, without a single death.

In one case there was a recurrence caused by the patient's leaving my care before complete recovery and undertaking a trip across the continent. A second case had abscess of the right pleural cavity which was not discovered until the appendiceal trouble had been spontaneously cured. He is still living after three years. In every one of the remaining ten cases there was complete recovery and no recurrence. In each case spontaneous evacuation of the abscess into the intestine has occurred on the tenth to the fifteenth day, followed by speedy recovery.

In view of the above facts which of these cases should have been treated surgically? With a record like the above would I be justified in changing my method? I would not wish to be understood as not using other means than those above mentioned. When pain is intense I relieve it at once with morphine and atropine with hot sinapisms, and change to cold compresses. When there are indications of infection: quinine and salol. And in all cases injection of hot (or in some cases cool) salt solution are used, and the cold compresses changed often till the temperature falls below 100° F., when they are changed about once in six hours. To be of any use they should be large, thick and as wet as they can be applied without dripping.

In closing I would suggest that there are at least three essentials to good surgery. First, to know how to operate; second, to know when to operate and third to know how to take care of the patient afterward. A mistake in either essential may mean death as surely as the operation. The cases above related tell their own story and the patients are all alive.

Port Angeles, Washington.

Pneumonia aborted by Defervescents: In 48 hours the temp., pulse and resp. were normal, patient "hollerin" for food.—Palmer.

Nightmare: Children do well on a granule of iridin or euonymin at bedtime with very light fluid suppers.

As regards the "essentials of good surgery" we agree with Dr. Lewis; with him we believe appendicitis will often yield to medical treatment—that recommended in the CLINIC, for instance. But given a chronically diseased appendix—it's best out. That's good sense as well as good surgery.—ED.

PREVENTION OF THE LACERATION OF THE CERVIX AND PERINEUM.

BY N. E. CHARLTON, M. D.

IN the early years of my practice, a minor tear of the cervix and perineum led me to the adoption of a method of conducting difficult labors which was thought would (and I now believe will) prevent the laceration of these parts; that is, to dilate before extreme tension occurs from pressure of the head in its advance.

Upon first examination of a case of labor I note carefully the condition of the cervix, its thickness, its rigidity, how much dilated, how long the pains have existed, and how severe they are. If this leads to the conclusion that the case is one of unusual rigidity, or if left to nature will require many hours to dilate, I insert one or two fingers within the cervical ring, make traction in different directions, stretching the parts when possible—forcing one finger posteriorly between the head and uterine wall, the other anteriorly in like manner. When thus separated, considerable dilating force can be used.

When the head is forcibly driven against the cervix during contraction of the uterus, the operator will be able to use his fingers as a double lever against the cervical ring, by placing the finger tips against the head as a fulcrum, the cervix being around the fingers against which force is exerted in opposite directions with occasional sweeping of the fingers around in contact with all parts of the cervix. This procedure will, when properly done, dilate the cervix in advance of the head, and so soften the tissue that when the head passes through there will be no tear. We will now have done what Nature does in a large percentage of cases; that is, when the membranes are intact and a sufficient amniotic fluid is present to constitute a protruding bag which will dilate the cervix in advance of the head.

It is true that this manipulation will to some extent increase the woman's pains but when it is explained to her that it will greatly shorten this stage of her labor, and protect her from the danger of a cervical tear, her consent is readily given. When, however, but little force is used in the interval of the pains, sufficient only to tire out the circular fibers, but little complaint is made.

The first stage of labor completed, a similar procedure is adopted to protect the perineum when this structure is rigid, firm and thick. Before the head begins to press firmly upon this body two fingers are placed within the vagina, and firm pressure made against the perineum and vulvar outlet downward and backward, when the patient lies on her back carrying the fingers to either side—frequently using considerable force during the pains.

Nightmare: Children inclined to eat too heavily may be disciplined by giving a granule of emetine before meals.

Nymphomania: The benefit of bromides may be secured without disadvantages by the use of solanine; full doses.

As the head descends the fingers will be forced further downwards but always stretching the parts in advance of it. This will so soften and stretch the parts that when the head begins to distend the outlet, the perineum and vulva are practically free from the danger of tearing.

It will be found that if these methods are carried out intelligently, the long and tiresome cases of labor will disappear, and the tearing of the cervix or perineum will be of the most unusual occurrence.

Our authorities usually tell us to make but few examinations during labor, to let the parts alone, and Nature will take care of them. The large number of ruptures of these structures in the hands of most excellent practitioners is no doubt due to this doctrine of non-interference, and is not at all flattering to us as a profession. I do not believe in this.

I do not wish it to be understood that this method of conducting these cases will prove an infallible preventive to rupture, but it will certainly very greatly reduce the frequency of these unfortunate results.

I have practised it for over twenty-five years, in which time I have attended over eight hundred cases of obstetrics, and have had no occasion during this time to stitch up a torn cervix or perineum in my own cases, although I have done the operation in a number of cases in the practice of others.

In undertaking this procedure all necessary antiseptic precautions should be strictly observed. When this is done there need be no fear that the manipulation of the parts will result in any septic condition.

Clayton, New Mexico.

SURGICAL NOTES

CURE OF EXOPHTHALMIC GOITER.

Dr. Frank Hartley, of New York, in *Annals of Surgery,* agrees with Schulz that "clinically it makes no difference whether the secretion of the gland is increased or is chemically altered as the result of changes in the blood, in the alimentary canal, or in the central nervous system; the fact remains that the removal of the growing gland does away with the symptoms, and upon the failure to remove the diseased gland depends no cure." He urges that medicinal treatment should precede surgical interference, because of the undoubted cures that have taken place. This treatment may be combined with the use of the x-ray (Mayo) or with the administration of milk or serum from thyroidectomized goats, sheep, etc. (Lanz and Moebius). This method of treatment should not be continued too long, unless operative treatment is contraindicated, since the disease itself tends to diminish the vital resistance and to exhaust the nerve centers.

It has been his experience that the earlier the diagnosis and the operation, the easier the operation, and the less dangerous and difficult the after-treatment. He has found that the severer types derive great benefit from rest in bed for two or three weeks previous to the operation. The nervous excitation,

Nymphomania: Lobelin, small doses repeated to sedation acts well; nicotine is too active for any but worst forms.

Nymphomania: Gelseminine is the best remedy for the full-blooded plethoric woman; give to full effect.

the tachycardia, and the muscular tremor are so much improved that operation is often undertaken under much more favorable conditions.

ACUTE AORTITIS.

Inflammation of arteries is not perhaps of so much interest to surgeons as is phlebitis, yet it is occasionally met. In a paper read before the Ft. Wayne Medical Society, Dr. W. W. Carey said that of all arteries, the aorta, particularly its arch, is the most subject to pathological changes. This is due to the fact that the first part of the aorta has no sheath, and the blood forced against the walls at each systole acts as a constant irritant to the coats at that point. There are also such predisposing diseases as rheumatism, typhoid fever, scarlet fever, smallpox, puerperal diseases, lagrippe, tuberculosis, and syphilis, which produce an alteration in the walls of the aorta. The symptoms are pain in the aortic arch, or a substernal soreness or tenderness. Dyspnea is marked and peculiar in that it continues both with inspiration and expiration. A diagnosis is seldom made, and according to Anders cannot be established with any absolute certainity. The treatment indicated is absolute rest, cold to the chest, sedatives to quiet the heart, and restriction of diet. As a rule diagnosis is made after death.

MUSIC FOR CANCER.

It has for long been know to surgeons that mental impressions have very much to do with early death from cancer; that if the patient is not unduly alarmed life may be greatly prolonged. Indeed numerous cases have been reported in which cancer of the breast has been apparently arrested in its growth by that peculiar form of mental healing (suggestion) yclept "Christian science." But now comes Dr. Ephraim Cutter, of Boston—close by the great Conservatory of Music—and claims that the cure of certain forms of cancer has been found in music! It is indeed strange that a disease hitherto regarded as amenable only to operative treatment should be otherwise cured by a Cutter.

ALUM FOR TYMPANITES.

Gaseous distention of the colon is often distressing after abdominal operations. A good treatment consists of dissolving one ounce of alum in half a gallon of warm water and injecting with a high rectal tube.

PULMONARY EMBOLISM FOLLOWING OPERATION.

According to Dearborn, who has reviewed the work of twenty-five surgeons, thrombosis and embolism are more common after operations in the pelvis than after operations in any other part of the body. In a resume of 7,130 gynecologic operations Schenck reports forty-eight cases of thrombosis. Dr. Wilmer Krusen, of Philadelphia, has recently reported five cases, four of which ended fatally, occurring in twelve years of his gynecologic practice. The symptoms in all these cases, as nearly as could be observed, were very similar: The attack was characterized by precordial distress, severe pain and dyspnea, associated with quickened pulse; the patient has an ex-

Nymphomania: Macrotin does well with nervous, irritable, sickly women, and those with uterine congestion.

Nymphomania: Give colchicine to the plethoric, phlegmatic, meat-eating, lazy, novel-reading class of girls.

tremely anxious expression, gasps for breath with the aid of all the auxilliary respiratory muscles, the face becomes cyanosed; cold, clammy sweat occurs; the mind remains clear, as a rule, and death occurs in a few minutes, in spite of energetic stimulation.

THE "ROTATION" OF SCOPOLAMINE.

Not content with forcing us to use the metric system and obliging us to abandon old-time remedies for beautiful alkaloidal preparations the therapists are thrusting us into a new field of physics (not purgatives) wholly repugnant to one who feels like singing "Please go 'way and let me sleep." *Merck's Archives* announces that good scopolamine, such as the surgeon should depend upon, "must have an optical rotation of —20 degrees." On the market are numerous specimens having an optical rotation as low as —2 degrees." "Only a strongly levorotatory scopolamine is capable of producing anesthesia." Back to the woods, ignorant surgeon; bring out your rotatatometer.

GYNECOLOGICAL NOTES

MALIGNANCY AND FIBROIDS.

After extensive investigation, Dr. T. S. Cullen, of Johns Hopkins University, estimates that about two per cent of all uterine fibroids undergo sarcomatous changes. Nearly two and a half per cent develop adenocarcinoma of the body of the uterus. One per cent will be found to be followed by cancer of the cervix. On the whole, therefore, somewhat more than five per cent of all cases of fibroma will develop malignant disease—a percentage sufficiently high to alarm those who have been wont to exclaim: Leave fibroids alone. Some fibroids may be left alone—if they do not produce any symptoms.

MENSTRUATION AND TUBERCULOSIS.

An important point is brought out in a recent contribution to gynecological literature, by Sabourin. He records an observation which is not only of considerable scientific interest, but may prove of great practical value. In his opinion tubercular women almost without exception show a rise of temperature at the time of menstruation. He concludes that the physician should never forget this fact if he wishes to protect himself against undesirable errors.

CAUSES OF PROSTITUTION.

Medical Standard has been conducting, during several months, a "symposium" on the causes of prostitution. It has afforded many writers a chance to "spread themselves;" but little has been added to our knowledge of the subject. In fact the whole subject may be condensed into a dozen lines. So far as the woman is concerned they are as follows: (1) The chief cause is the desire of women for "finery" to be obtained by the least possible exertion: laziness coupled with the craving for fine dresses and jewels. (2) The second

Nymphomania: For cases of medium severity delphinine would be an excellent selection; given to full effect.

Nymphomania: A full hypnotic dose of hyoscine hydrobromide at bedtime is well suited to this affection.

great cause is lack of education; nine-tenths of all American prostitutes can scarcely read or write. (3) Inherited degeneracy; a large proportion of whores comes of illiterate, drunken, depraved or (especially) neurotic parentage. (4) Sexual perverts; a smallish proportion. (5) Seduced girls who are driven to a life of shame by (a) desertion; (b) poverty; (c) want of home, or (d) natural depraved tendency.

AN OINTMENT FOR PRURITUS VULVAE.

The following combination is highly recommended by Beall as having good results when all other means had failed:

℞ Menthol ..... 0.5 (gr. viii)
Quinin. sulph .... 1.5 (gr. xx)
Ac. carbolici ..... 1.7 (gr. xxiv)
Ungt. hydrarg. nit. 4 (dr. i)
Ichthyol .....10 (dr. iiss)
Lanolini .....24 (dr. vi)
Ol. ricini .....40 (dr. x)

M. et ft. ungt. Sig. Apply freely after washing the parts with hot water.

OBSTETRICAL RETREATS.

There are a few obstetrical houses or hospitals or retreats in every great city to which "unfortunate" pregnant girls are admitted, cared for properly and put upon the road to reacquired respectability. But—the majority of the places (particularly those advertised in the daily press) are veritable hell-holes; dens of iniquity. To those who are familiar with the expenses of a properly-conducted lying-in hospital it has often been a source of wonder how the advertised homes can admit girls as low as $3 a week ("for some"). The proprietoress of one of the most notorious places in St. Louis recently explained: She has a "double house"—on one side (where the maternity sign is) she conducts her "sanitarium;" on the other side of the wall she has a house with "furnished rooms" for gentlemen. She persuades the pretty country girl to share her room with the gentlemen lodgers, and pockets the proceeds!

NOTE ON PERINEORRHAPHY.

When sewing up a lacerated perineum (particularly in a secondary operation) the surgeon should never forget that the prime object is not to secure union of skin or mucous membrane but to obtain perfect and permanent apposition of the muscles which make up the normal perineal floor. The retracted muscles may be caught on either side by hemostatic forceps and strongly pulled well beyond the median line when the deep stitches are inserted; thus, when the sutures are tied, they will be brought into about their natural position.

WANDERING RETROPERITONEAL TUMORS.

Dr. I. S. Stone, of Washington, in *American Journal of Surgery*, February, again calls attention to the fact that a subserous fibroid tumor of the uterus may become detached and wander away from its original site of growth, becoming a "wandering," parasitic or aberrant" tumor. He reports two cases from his own practice, in one of which decided constitutional symptoms arose from pressure.

Nymphomania: Begin by carefully examining for local irritations—worms, retained smegma, adherent prepuce, etc.

Nymphomania: Examine the urine and see if sugar or acid renders it irritating; or vaginal discharges.

DEPARTMENT OF
DERMATOLOGY, VENEREAL AND SEXUAL DISEASES
WITH A REVIEW OF THE LITERATURE OF THE WORLD

In charge of Dr. WILLIAM J. ROBINSON.
Address all communications designed exclusively for this department to Dr. William J. Robinson, 12 Mt. Morris Park, West, New York City.

THE TREATMENT OF PROSTATIC HYPERTROPHY.

FEW men speak with greater authority and are listened to with greater respect than Prof. Oberlander, when he speaks on genitourinary diseases. The venerable author asserts, that there is but seldom an urgent necessity for surgical interference in prostatic hypertrophy which interference makes always great demands on the patient's vitality. Catheterism and irrigations of the bladder must remain our chief means in the treatment.

In the first stage, expressing itself in diminished vesical power and difficulty in urination, great care must be taken to remove and prevent any possible cause of congestion; no straining at stool must be permitted (mild laxatives), the amount of liquids must be limited, and the patient must take great care not to get wet or catch cold. Iodine and ichthyol are beneficial, and the patient should use them in the form of suppositories, or of small enemas; he should also take warm sitz baths, to which some chamomile flowers may be added. If the patient had a gonorrhea and has shreds in the urine, bougies and urethral irrigations with boric acid, potassium permanganate or some silver salt should be used. If the prostate is tender, it should be massaged once or twice a week, this being following by a warm sitz bath or by the use of a rectal, hot water-tube.

The second stage, in which the vesical power is progressively diminishing, and there is often incomplete retention, excessive and painful desire to urinate and polyuria, gradually passes into the third stage, in which the retention is complete, with the resulting symptoms of urinary poisoning. In both these stages catheterism is the most important method of treatment, acting not only symptomatically, but often exerting a direct curative influence. Of course the catheter must be carefully selected for each case. As a lubricant the author recommends the following:

Hydrargyri oxycyanidi. 0.25 (4 grs.)
Glycerini .. .. 20.0 (5 drs.)
Tragacanthæ ..... 3.0 (48 grs.)
Aquæ distillatæ ..... 100.0 (3 1-3 oz.)

It goes without saying that the highest asepsis must be enjoined. Before catheterizing, the bladder should be washed out with a 2 1-2 per cent warm boric acid solution. The irrigation is necessary, not only for the bladder, but as a prophylactic against the inflammation spreading to the ureters and kidneys. If catheterism is difficult or impossible on account of spasm or pain, it should be preceded by injections of cocaine, eucain, adrenalin, in the worst case by an hypodermic of morphine. In hemorrhage, the prostatic portion should be thoroughly irrigated and the blood coagula removed. Adrenalin and subcutaneous injections of gelatin are efficient

hemostatics. If the hemorrhages are frequently repeated, the cause must be ascertained by the aid of the cystoscope.

SYPHILIS IN THE THIRD GENERATION.

Everybody knows of and believes in hereditary syphilis, in syphilis in the second generation. But syphilis in the *third* generation has been given very little thought and study. Dr. R. W. Taylor (*N. Y. M. J.*, Feb. 3) reviews the few reported cases and reports some cases of his own, which seem to show that this third infection, i. e., infection in the third generation, is an established fact. We will present here only two cases in condensed form:

Case I. A woman was infected with syphilis in 1869, had secondary and tertiary lesions of great severity, being negligent of her treatment. In 1872 she gave birth to a girl which presented classical hereditary syphilitic symptoms: typical snuffles, roseola, mucous patches of the mouth and genitals and typical syphilitic pemphigus of palms and soles. She grew up apparently healthy and strong, was never affected with acquired syphilis and married a perfectly healthy man, well-known to the author. In two years she gave birth to a baby girl which was miserably weak, atrophic, marasmic, with very little strength and vitality. At birth she gave no evidence of hereditary syphilis, but when five years old she developed true dystrophic symptoms: Hutchinson's teeth, ear troubles, keratitis, swellings in the bones, and later on unmistakable evidence of a virulent form of late syphilitic infection, namely, gummatous tumors and ulcers.

Case II. A syphilitic man married a healthy girl, who became infected two years later, coincidently with the development of pregnancy. She gave birth to a boy who soon showed all the stigmata of inherited syphilis. He was never infected with acquired syphilis and married a healthy girl. Three years later his wife gave birth to a thin, weakly girl, with the appearance of infantilism, who developed, at four years of age, many dystrophic symptoms of the bones and joints, which symptoms *were promptly cured* by active antisyphilitic treatment, namely inunctions of mercurial ointment and liberal doses of potassium iodide.

Aren't many obscure cases of maldevelopment in children to be accounted for by specific diseases in the forefathers? The subject is an interesting one and well worthy of careful study.

CONSERVATIVE TREATMENT OF URETHRAL STRICTURES.

Dr. G. Morgan Muren (*Med. Record*, March 17, 1906) believes that the cutting of a stricture is seldom indicated and advocates gradual dilation in the greatest majority of cases. His main objections to cutting operations are the following: (1) Several weeks detention from business. (2) The fact that after the operation the patient has to be treated for a year or more, in practically the same manner as if the operation had not been performed and his stricture had been gradually dilated. (3) The mortality rate, which though a disputed point, the author believes to be at least five per cent in both internal and external urethrotomies [three per cent is, in our opinion, more correct.—W. J.

Nymphomania: Empty the bowels with a morning saline and an evening cholagog; regulate diet and all habits.

Nymphomania: Salicin pushed to full tolerance restrains the sexual appetite more safely than bromides.

R.]. He quotes with approval White's statement regarding mortality from internal urethrotomy, who says that the practician who decides to cut a stricture anterior to the bulbomembranous juncture must do so with the full knowledge that there are at the very least two chances in a hundred of losing his patient.

While the paper presents nothing new, it is timely, in view of the teaching and activity of some overzealous genitourinary surgeons.

WHICH IS THE CAUSE: SYPHILIS OR MERCURY?

Dr. O. L. Wolters (abs. *J. A. M. A.*) brings up the question of the cause of paralytic dementia and tabes. Instead of syphilis being the cause, as is usually believed, he holds that it is the mercury that is the *causa peccans*. He says that there are important reasons for the belief that syphilis plays a minor role in the etiology of sclerosis of the brain and cord. Although the negro is very prone to contract syphilis, paresis and posterior spinal sclerosis are seen rarely in the colored race. The average negro most frequently receives no treatment for lues, and the most severe secondary and tertiary lesions are found in the colored man. Having become a syphilitic, he allows the disease to run a typical course without interference. If he does take mercury, it is with no system; it is taken irregularly and for no prolonged period of time. Yet, in spite of all this, he does not become the victim of paresis and tabes.

On the other hand, the man of brains, the professional man, falls a ready victim to paresis. The requisites of thorough anti-syphilitic treatment are brains and money, and, since these are the essentials in obtaining the treatment, Wolter believes that there is the reason why paretics and tabetics are usually individuals of prominence. Wolter also discusses the reasons why paresis takes a long time to develop; how mercury may produce the pathologic changes found in paresis and tabes, and the fact that anti-syphilitic treatment does no good, but actually does harm, pointing out always that the syphilitic etiology of the diseases under discussion appears questionable.

ETHYL CHLORIDE IN HERPES ZOSTER.

Dr. Vergely (*Rev. de Med. y Cirurgia Practicas,* Nov., 1905) publishes the case of a young woman aged 26, in the enjoyment of good health previously, who presented herself with well-marked herpes zoster, the pain and burning sensation being sufficiently troublesome to prevent her from working. Applications of cotton soaked in spirit and covered with oil-silk were attended with no effect; the successive eruptions continued to appear for the succeeding seven or eight days. Acting on the knowledge that Abadie had in several cases cured an attack of zona by lumbar puncture and the evacuation of some 20 Cc. of the cerebrospinal fluid, it was thought that the production of a shock to the spinal cord by means of somewhat less heroic measures might be beneficial; and with this idea ethyl chloride was applied over an area corresponding to the eight first dorsals. The result was most

A great deal can be accomplished in pneumonia in mitigation by dilating the poison through the blood.—Weaver, *Med. Record.*

Those tissues which require the highest, greatest catalysis first succumb when the catalytic processes are retarded or arrested.

gratifying. The pain and anesthesia instantly disappeared, and the eruptive process was evidently checked, for the already formed vesicles began to form crusts on the following day, and the patches which had disappeared aborted, the little vesicles drying up and disappearing as red points without arriving at the vesicular stage. On the tenth day after the application, all the crusts had fallen off, and the eruption was gone. Vergely opines that it is not sufficient to make the skin very cold, but that a true congelation of the surface should be produced.

GONORRHEAL VAGINITIS IN LITTLE GIRLS.

Vaginitis of true gonorrheal origin is much more frequent in little girls than is generally supposed. The discharge is taken for "whites," is considered of trifling import and is frequently neglected. Dr. W. D. Trenwith reports (*N. Y. M. J.*, No. 1413) twelve cases in which the presence of gonococci was demonstrated by the microscope and which were discharged *cured*. The infection occurred indirectly through the father or through sleeping with a child already suffering from a vaginal discharge. The general method of treatment consisted in irrigations with large amounts (two quarts, two or three times a day) of 1 to 4000 potassium permanganate solution; the irrigations were made through a 2-quart fountain syringe connected by means of a medicine dropper with a soft rubber (No. 15 French) catheter. When the discharge became slight in amount the potassium permanganate was stopped and douches of zinc sulphate and alum, one dram to the pint of water, were given morning and night. A few injections of silver nitrate solution (1-2000 to 1-125), half to one dram at an injection, usually completed the cure. In two cases of this series the urethra became involved, with the consequent severe pain, etc., during urination. Silver nitrate in 10 per cent solution was applied on a swab directly to the urethra, and while causing severe burning during application, sufficed nevertheless to relieve the symptoms promptly and to cure the urethritis.

NON-GONORRHEAL URETHRITIS WITH NUMEROUS INFLUENZA BACILLI.

Dr. Paul Cohn (*Deut. Med. Wochens.*, N. 29, 1905) reports the following rare case: The patient, twenty years old, perfectly well up to that time, noticed a urethral discharge which resembled viscid sputum. Examined under the microscope, the discharge showed no gonococci, but other microörganisms of various kinds, among them large bacteria, with a dark-colored center. The patient soon developed fever and slight epididymitis, which, however, disappeared under hot applications, etc. Cultures were made and numerous influenza bacilli were found in the secretion. Various therapeutic measures had no influence on the urethritis, which got worse, the patient developing cystitis, strangury and pain on urination.

GONORRHEA AS A CAUSE OF STERILITY.

As to gonorrhea as a cause of sterility, one author states that fifty per cent of

Those tissues which are most difficult of digestion first succumb when the autolytic process is derelict.—Wakefield, *Medical Record.*

Schmidt attributes diabetes insipidus to high tension and rapid circulation with dilated vessels in the kidney.—*Lancet.*

all involuntarily childless marriages are made so by gonorrhea of the female organs of generation, of which forty-five per cent are due to marital infection by men. On this point there seems to be but little difference of opinion. Noggerath asserted that fifty per cent of sterility in woman was caused by gonorrhea. Lier-Ascher found, out of 227 women, 121 sterile because of gonorrhea. Neisser contends that gonorrhea is a more potent factor in the depopulation of countries even than syphilis. He regards gonorrheal infection as responsible for more than forty-five per cent of sterile marriages. In eighty sterile marriages Kehrer found forty-five caused by inflammatory and other changes, all of gonorrheal origin. This is upward of fifty per cent.

Janet, in 1902, while discussing "Social Defense Against the Venereal Peril," declared that gonorrhea with tuberculosis, perhaps more than tuberculosis, was the great pest of our age. If we compare from a social point of view the importance of gonorrhea with that of syphilis, gonorrhea is to syphilis as 100 is to one, not only from the standpoint of the number of persons attacked, but also from the standpoint of the gravity of the lesions and their perpetuity. Gonorrhea modifies in a manner often permanent the genital organs of patients, renders them infinitely dangerous for the women they approach, causes all metritides and annexial inflammations which today give to surgeons three-quarters of their work, and conduct finally both men and women to sterility.

It is regrettable that this important matter has received so little attention in American textbooks of gynecology and genitourinary diseases, and that students of medicine should start on their career as physicians with such limited knowledge regarding the extent and consequences of this social menace. [Ex.]

MULTIPLE MUSCULAR GUMMATA, WITH BULLOUS ONSET.

At a recent meeting of the Manhattan Dermatological Society, Dr. Gottheil presented the following case of gummata, with the rather unusual onset in the form of bullae. The patient was thirty-two years old. A water blister appeared on her left inner ankle, which broke, got black, and spread. Three weeks later, this lesion was quite large, oval, ulcerating, and about two inches deep. Upon removal of superficial necrotic tissues, a large sloughing cavity was exposed, with foul odor but scanty discharge. While under observation, two large blebs filled with serum appeared on right lower leg; edges inflamed, but lesion was not painful. Within forty-eight hours serum absorbed, leaving large doughy depressions, covered with whitish, shrunken epidermis; upon removal of this, ulcerating cavities, 3 by 4 and 1 1-2 by 2 1-2 inches respectively, were exposed; also several sinuses, extending in all directions, four or five inches, showing extensive involvement of the muscular tissues. These ulcerating cavities gradually increased in size, the largest attained dimensions of 6 by 4 inches. No pain, very little tenderness, no temperature or constitutional symptoms. Treatment: salicylate of mercury injections, 10 m. weekly and potassium iodide rapidly run up to 750 grains a day. Locally, bichloride

Schmidt treats diabetes insipidus by causing intestinal hyperemia with cathartics to relieve the renal gorge.—*Lancet.*

Query: Is asthma a possibility without some form of autotoxemia, such as uricacidemia or sapremia, or fecal toxemia?

solution 1 to 3000. Improvement immediate and rapid. Bullæ as the first superficial manifestation of deep gummata are unusual; some of them developed while under observation.

A LIQUID PREPARATION OF IODOFORM.

M. Blanchi (*Lancet*) has published a formula for the preparation of iodoform in a liquid state which offers certain advantages over an emulsion of iodoform from a therapeutic point of view. It is a syrupy, yellowish liquid having the odor of iodoform and is miscible with water, alcohol, ether, glycerin, chloroform, essential oils, benzol, eucalyptol and creosote. It dissolves guaiacol and several other drugs, and is easily absorbed through the skin, iodine having been found in the urine six hours after the application of the liquid. It is easily prepared by dissolving 35 parts of caustic potash in 25 parts of water, adding first 50 parts of oleic acid and 30 parts of 95 per cent alcohol, and then 30 parts of iodine in small portions. On warming the mixture, iodine is absorbed and a brownish liquid is obtained. If necessary the brown tint may be destroyed by the addition of a few drops of caustic potash. After a few days the liquid is decanted and kept in a dark place.

FEVER IN THE TERTIARY STAGE OF SYPHILIS.

Fever in the secondary stage of syphilis is a common occurrence; in the tertiary stage however it is rather rare, and as no symptoms of syphilis may be present at the time, it may give rise to confusion and lead us to a false diagnosis. Many cases of syphilitic fever were treated for tuberculosis, and it has even been mistaken for typhoid fever and septicemia. Dr. D. W. Carpenter of the U. S. Navy reports two such cases (*Med. Record,* No. 1845), illustrating the difficulty of diagnosis. Case 1, suffering with remittent fever, was treated first for malaria, then tuberculosis was suspected. The patient finally admitted that he had had syphilis, and potassium iodide brought the patient about. The second case was admitted with the diagnosis of chronic bronchitis and suspected phthisis. Here also syphilis was discovered to be the cause and under potassium iodide the fever disappeared and the patient gained in flesh and strength. In these two cases—and the author emphasizes the fact—mercury proved rather injurious and the patients got along much better when taking the iodide alone.

THE TREATMENT OF GUMMATA BY ARTIFICIAL HYPEREMIA.

Bier's method of artificially induced hyperemia (by means of a rubber bandage) is finding wider and wider application. Most probably in this as in all other methods an excess of zeal will be displayed and it will be used in cases in which it is contraindicated, with consequent unfavorable reports; but this will not be the fault of the method which is undoubtedly very useful within its sphere. (By the way we have just read that Bier received the Kussmaul prize for his method.)

At a recent meeting of the Vienna Dermatological Society, Dr. Oppenheim

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I believe there is much of good in pelvic massage when properly used in properly diagnosed cases.—Johnson, *N. Y. M. J.*

The profession should now turn their attention to maintain sterility to the very end of its need.—Craig, *N. Y. M. J.*

demonstrated two women who were treated by Bier's method for extensive gummata. One patient came to the clinic with a gangrenous gumma, about six inches in diameter, on her leg; the bandage was applied twice a day, below the knee joint, for about ten minutes at a time; the patient could not bear it for any longer period; now she can bear the bandage for an hour at a time. Under this treatment the ulcer became clean and rapidly covered with epidermis. The second case was similar in character. In both cases no specific treatment was employed.

A third patient had a very painful, extensive gangrenous gumma on the sole of the foot, which resisted all treatment. All kinds of general and local therapy were tried without success. The pain was so severe at night, that the patient could not close her eyes. The hyperemia method not only removed the pains quickly but also healed the ulcer.

GONORRHEAL RASHES.

Erythematous or scarlatiniform rashes, while rare, are not unknown in the course of acute gonorrhea. Several authentic cases have been reported, in which any other exciting cause could be excluded. In the *British Medical Journal* two cases are reported, in which the scarlatiniform rash appeared without fever or any other general symptoms and disappeared in four to seven days. No internal medicines were taken by the patients.

ETIOLOGY OF ACUTE PEMPHIGUS.

Acute pemphigus of the newborn has long been recognized as an infectious and contagious affection, but the germ causing it has so far escaped detection. Dr. T. S. Chuprin (*Mediz. Obesreine*, LXIV, No. 12) now comes forward with the announcement that the majority of pemphigus cases are due to the common gonococcus. In the pus of the vesicles *he frequently found typical gonococci.* This explains the contagious nature of pemphigus, the value of cleanliness in preventing its spread, and other features of the disease.

PRIAPISM, A SYMPTOM OF LEUKEMIA.

In 1879 Salzer reported a case of priapism in a leukemic patient and referred to eight other cases of leukemia in which priapism was the initial symptom. Dr. P. L. Gunckel reports an interesting case (*Amer. Medicine*, Vol. XI, No. 1). The patient was a thin, anemic tall man of thirty-five. He had had gonorrhea a number of times and also syphilis. He indulged in excessive venery and would continue intercourse until a number of orgasms were expended before his insatiate appetite was appeased.

When the doctor saw the patient, the latter had been suffering for about thirty-six hours with persistent and painful erection, unattended with sexual desire. It resisted the efforts of two other physicians. The patient had had several attacks of priapism of several hours' duration, previous to this great and final attack, but those disappeared upon vigorous walking or working. The pain was excruciating and unbearable, the organ standing erect at an angle of about 45°, and extremely rigid. Even the slightest touch upon the glans would bring forth a scream of pain from

Bacteria in unwonted numbers and of unwonted virulence do perpetrate the tonsillar epithelium; extrinsic factors of disease.

The sharp curette has probably caused more suffering and death than any other gynecologic instrument.—B. Robinson, *N. Y. M. J.*

the patient. His suffering was so intense that it was necessary to keep him constantly under the influence of an opiate. Urination was accomplished with considerable difficulty and in the knee-chest position only.

Every therapeutic agent was tried, together with phlebotomy and complete chloroform anesthesia. But the priapism continued in its rigidity for about four weeks, after which it gradually began to subside. The patient's blood was quite characteristic. To the naked eye it was so colorless in appearance, as almost to verify the popular phrase of "blood turned to water." The patient died of exhaustion about seven months after the appearance of the priapism.

VITILIGO AND SYPHILIS.

Thibierge combats the view of Pierre-Marie that vitiligo is frequently, if not always associated with syphilis and adduces in support of his opinion three cases in which the vitiligo developed from one to three years *before* the contraction of syphilis, so that these cases could hardly have been syphilitic at the time of development of the vitiligo. Thibierge has seen vitiligo commenced apparently at the site of ulcerated syphilitic lesions, and become generalized from this initial patch (*Brit. Jour. of Dermatology*).

HATPINS IN THE MALE URETHRA.

A few weeks ago a case of hatpin in the urethra was reported in the *British Medical Journal* (See *American Jour. Clin. Medicine*, March, 1906). Since then there is hardly an issue in which cases of hatpins in the male urethra are not reported by the physicians from various parts of the country. The patients are of all ages—boys to old men. The excuse generally given for the hatpin finding itself in such a peculiar locality is that they wanted to remove an obstruction. They wanted to urinate and couldn't, so they passed the pin. But there can be little doubt that this implement, the woman's weapon, is used for the purposes of perverse sexual gratification.

SCROTAL TONGUE.

This inelegant and rather disagreeable name has been given to a fissured chronic glossitis, which is usually congenital. Dr. Payenneville reports a case in a woman of 54, a mother of eleven children, three of whom presented the same condition. The patient had the tongue from childhood, probably from birth, and stated that her mother also had the same kind of a tongue. (*Ann. de Derm. et de Syphilis*).

ALYPIN IN GENITOURINARY SURGERY.

Dr. Max Joseph and Dr. J. Kraus state (*Deut. Med. Wochen.*, No. 49, 1905), that they have found alypin a very satisfactory local anesthetic in genitourinary work. They have used it in one, two and four per cent solution in 75 polyclinic cases. When used before a silver nitrate injection, the pain was entirely obviated. In strictures the introduction of bougies was greatly facilitated by the previous employment of a 2 per cent alypin solution. They also used it

Muscarine causes leucocytosis lasting a month; but continuous administration always decreases the number of white cells.

Atropine, digitalin and phenol lessen the number of leucocytes and combat nature's efforts to oppose muscarine.—Spagniolo.

in minor surgical operations, and by injecting the alypin subcutaneously (15 min. of a 2 to 4 per cent solution) absolute anesthesia was obtained. The author's conclusions are as follows: (1) Alypin is a very serviceable local anesthetic for urological practice. (2) In its effect it is at least equal to cocaine and beta-eucaine, with the great advantage of relative harmlessless. (3) Alypin appears to be free from any deleterious by-effects.

RARE COMPLICATIONS OF GONORRHEA.

Dr. Ernst Becker reports three different complications of gonorrhea which have not been described (*Med. Klinik.* Vol. I, No. 21). The first was a suppurative myositis of the right arm. The gonorrheal character of the suppuration was proven by the presence of the gonococci. The second was an exudative pericarditis and the third an arthritis of the ileosacral joint and symphysis. In these two cases gonococci were not demonstrated, but the diagnosis was arrived at by exclusion.

FIBROMA MOLLUSCUM GRAVIDARUM.

These are little tumors, appearing in the latter half of pregnancy, bearing the histological characters of fibroma molluscum, but differing from it clinically in that they disappear totally postpartum. The distribution was limited to the neck, breasts and the submammary area. The lesions were frequently, but not always, pigmented. This skin lesion is a clinical entity hitherto undescribed and attention has been called to it for the first time by Dr. S. M. Brickner of New York, at a recent meeting of the New York Academy of Medicine.

THE CYTORRHYCTES LUIS.

While the *Spirochacta pallida* now holds the front stage, it is well perhaps to remember that Siegel has not by any means given up his fight for the recognition of his *Cytorrhyctes luis* as *the* specific organism of syphilis. In the last number of the *Munch. Med. Wochen.* (Jan. 9, '06.) he has a long article accompanied by plates in proof of the justness of his claims.

TREATMENT OF URETHRITIS WITH MEDICATED SOUNDS.

Dr. E. G. Ballenger highly commends (*Amer. Med.*, Vol. 9, No. 9) the treatment of chronic urethritis by means of sounds coated with a medicated ointment. The ointment is prepared by mixing powdered silver nitrate [it must be very finely powdered, indeed] 30 to 45 grains with 6 ounces of melted cocoa butter, placed in a tall, wide-mouthed bottle. When to be used, it is melted by placing in hot water, etc.

The largest sound that can be easily passed, and another three sizes smaller are sterilized and placed in a pitcher of ice water. The large sound is lubricated, introduced and left in place for three to eight minutes. The smaller sound is dipped into the melted ointment, withdrawn and manipulated for a moment while it cools, to obtain a uniform layer, and is then placed in the ice water. The strength of the ointment is increased as the urethra becomes more tolerant. The

Chloroform tends to accumulate in the red blood cells from the facility with which it mixes with lecithin.—*Medical Record.*

Alkaloids possess selective affinity for certain tissues; traces are recognizable in many other tissues.—*Medical Record.*

introduction of the first sound is not absolutely necessary.

The urethra is massaged along the medicated sound, to express the secretion from the follicles and to force into them a small quantity of the ointment. The cold and pressure of the sound, in addition to the massage, have a stimulating effect on the absorption of the exudate beneath the mucous membrane and around the inflamed follicles, which is very beneficial. Irrigation may or may not be given before these treatments, as the symptoms indicates.

TURPENTINE IN PRURIGO.

At a recent meeting of the Dermatological Society of London (*British Jour. Dermat.*, Jan., 1906), Dr. H.G. Adamson showed a case of Hebra's prurigo in a boy of six. When first seen, the eruption occupied the arms and legs, the glands in the groin were much enlarged and the itching was intense. Recently the condition has improved under a treatment adopted by the parents on their own account, namely by frequent baths following by rubbing with turpentine. The suggestion may prove valuable when we take into consideration the obstinate resistance of prurigo to treatment.

THE SPIROCHAETA PALLIDA IN THE TISSUES.

The demonstration of *Spirochaeta pallida* in the tissues has up to the present been extremely difficult. But with improved technic our efforts are being crowned with success. Out of six syphilitic infants Drs. Buschke and Fisher report having found the spirochæta in the organs of two (*Berl. Klin. Woch.*, Jan. 1, 1906). They were found in the kidneys, liver, spleen and of course in the cutaneous lesions. The organisms are most numerous in the blood vessels right near the endothelial layer.

SYPHILITIC LARYNGEAL STENOSIS IN AN INFANT.

Dr. Mattone (*Rev. des. mal de l'enfance*) reports the case of a four months' infant which had suffered from birth with attacks of dyspnea; it was weak, emaciated and its condition was rendered worse by continued crying and struggling. The diagnosis was made of congenital syphilitic laryngitis, with stenosis. The diagnosis was confirmed by the remarkable improvement brought about by specific treatment. Mercuric iodide in 1-12 grain doses was given by injections, and two series of twenty-five such injections checked the dyspnea the general condition also being ameliorated to a remarkable degree.

THE TREATMENT OF HYPERIDROSIS.

Dr. Villaret objects decidedly to the so frequently recommended formaldehyde in the treatment of perspiring feet. It is true that it stops the perspiration, but it does so by simply *destroying* the sweat glands. In his opinion the best remedy is salicylic acid, which, while not diminishing the secretion of the sweat, prevents its decomposition and consequent irritation. Cold ablutions are also indicated.

Part of the alkaloid is rendered ineffective by the liver; the effects are due to exceedingly small part of the dose taken.—*Med. Rec.*

Neurasthenia: For overwork or excessive emotion cases give caffeine valerianate, gr. 1-6 every ten minutes.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

CONVALLAMARIN.

THE best French authorities agree that Convallaria majalis, from which the glucoside is derived, is a valuable remedy in cardiopathies. The plant has, however, two active principles in its composition, which differ widely from each other: (1) Convallarin, which is found principally in the leaves and rhizome of the plant, has an irritant effect on the bowels analogous to that of the drastic cathartics; (2) convallamarin, the other active principle of the plant, has a retarding influence upon the heart, increasing the amplitude of its contractions, and slightly reducing the blood pressure. In toxic fatal doses it arrests the cardiac action in systole. The secondary actions of convallamarin are slight purgation, and an increase of the salivary and urinary secretions.

The juice of convallaria was used by M. Laigre (*Th. de Paris*, Juillet, 1903). He obtained it from the entire plant gathered before its flowering, and had it so that one cubic centimeter of the juice represented exactly a gram of the fresh plant. It contained 2 grams and 25 centigrams of convallarin and one gram and 20 centigrams of convallamarin in each kilogram of the juice, representing thus the entire active-principle content of the plant.

The extract of convallaria is mixed, impure, for while the flowers of the plant are rich in convallamarin they contain also a small quantity of prussic acid. This fact forbids the giving of it exclusively. The extract made from the rhizome of the plant has emeto-cathartic properties highly accentuated. The extract from the leaves is three times less active than that made from the entire plant. It is on this account that the last is given the preference for its certainty of action and constancy. In the manufacture of the extract the proportions taken are: two-thirds of the flowers and stems and one-third of roots and leaves.

The divergence which clinicians, who studied this plant, show in their advises seems to be owing principally to the inconstancy of the preparations of which they made use.

An excellent succedaneum of digitalis, convallaria can be given in the periodical intervals of the former, or altogether instead of it, when it has failed to do any good. Convallaria is better tolerated than digitalis, is not cumulative, does not increase the blood pressure, and is slightly laxative, and its effects while they are mild are nevertheless not transient. The slight irritant action which this plant was noticed to have on the kidneys will oblige a looking after the urine from time to time as it should not be given to albuminurics. It is not advisable in infantile therapeutics.

[There are various forms of syrup, tincture, extracts, and pills of convallaria which the French authority (from which I translate) gives, but as they are

all uncertain, as we have seen above, I quote only his dosage of convallamarin, which he gives as 2 centigrams to one decigram (gr. 1-3 to gr. 1-2) in twenty-four hours. As this substance changes in the open air it is best given in granules or pills of one centigram (gr. 0.15) or dissolved in alcohol.—GLEANER.]

Finally, there are various medicinal specialties, all of which are based either on convallaria, or on convallamarin. (L. M. in *La Province Medicale,* November 4, 1905, Paris.)

FORMIC ACID AND THE FORMATES, AS AT PRESENT UNDERSTOOD.

Formic acid is an old medicament which recent researches, especially those of M. Clement of Lyons, and after him M. Huchard, have rescued from oblivion by precising and extending its indications. It and its salts exercise a special influence on the muscular system. Its tonic action makes itself felt rapidly, and persists for eight or ten days in both striated and smooth muscles of the system. It is easily conceived how wide the indications of a remedy might be whose influence extends on so extensive a tissue as is the muscular in our organism. Even healthy persons may use it to augment if need be their resistance against fatigue.

But there is more of it. The formates, which are eliminated by the urine principally, produce rapidly, i. e., the first day, a notable increase of diuresis. The products of disassimilation, particularly the urea, are eliminated in great quantities.

As to the antiseptic action, that of the acid is real, but that of the formates is very feeble. It is to be noticed that formic medication diminishes arterial tension, and exercises a favorable action on certain cases of hypotonic tremblings. (Clement.)

In practice preference is given the formates, especially *sodium formate,* avoiding either too greatly or too slightly acid vehicle. The preparation with syrup of bitter orange peel is the most agreeable. The dose is from 3 to 4 grams (gr. 45 to 60) *pro die,* taken in many divided doses.

Formic acid exists in the organism where various processes may originate it. Its mode of action is yet under discussion, but its feeble toxicity and its effects, especially the muscular, tonic and diuretic are beyond any discussion.—F. Tabor, *Dauphine Medical,* September, 1905, in *La Province Medicale,* Nov. 4, 1905.

MARITAL GONORRHEA.

A gonorrheally infected mucosa never heals spontaneously. You can verify this in the vulvovaginitis of children. In gonorrheal infection of females different muscosæ become involved. The infected urethra becomes the disseminating source for vulva and vagina, and thus the neighboring muscosæ become infected from one another. The danger of repeated infection is greatest in marital intercourse, and in this case gonorrhea seems an incurable disease.

If in diagnosis we should limit ourselves to a demonstration of gonococci we would commit a great mistake, for their absence does not evidence a cure. After urinating the cocci are usually not to be seen, but take a scraping off of the

Neurasthenia: Cypripedin is useful for these cases as it is less likely to be given in overdoses; gr. 1-6 hourly.

Neurasthenia: Many of these cases are simply instances of autotoxemia from fecal absorption.

mucosa and you can see them plainly. After a provocation with an injection of silver you will find gonococci, while before that you may not be able to find them. Dr. Asch insists upon the importance of examining the passages in the vicinity of the urethra. The secretion of the cervical canal must be gathered continually by cleaning it out with hydrogen peroxide. Gynecologists alone are never able to cure a marital gonorrhea, for the husband, too, must be treated at the same time. The question at issue is not whether he has or has not a gonorrhea, but where is the seat of the cocci which infect the wife? In recent times gonococci were found in the epididymus. Dr. Asch does not admit that the gonococci themselves are of different strengths of virulence, for they retain the same strength after long years of existence. Chronic forms of gonorrhea are able to infect *de novo*. It is the capacity of the mucosa for reaction that may change, but not the virulence of the gonococci, and therefore when the gonorrhea had existed for a long time the mucosa of the husband does not react on the presence of the gonococci, but the mucosa of the young wife will react. The treatment, therefore, of the woman should not be undertaken without the exclusion of the possible reinfection by the husband.

Dr. Asch warns strongly against premature operations, especially in unilateral affections of the adnexa, for usually there is an infection of the other side after the operation. A dangerous treatment is the curetting of the uterine mucosa, for the remaining gonococci infect then the entire newly-forming mucosa, and from it the adnexa.—*Wiener Mediz. Wochenschr*, 1905, p. 1112.

A TREATMENT OF URTICARIA FROM INDIGESTION FOR A CHILD FOUR YEARS OLD, BY DAUCHEZ.

1. Have the child take for two or three days in succession, one or two teaspoonfuls of the following electuary, as a laxative: English magnesia; sulphur, sublimed and washed; cream of tartar; white honey, of each, 5 grams (gr. 75).

2. Put the child on a milk diet exclusively, and later on, suspend the use of fish, of fruit and of strawberries.

3. Gelatin tepid baths 100 to 200 grams (25 to 50 drams), prolonged for from twenty to forty minutes. Avoid drying the child, and not sooner than two hours after, and best in the evening, apply the following liniment with a brush: Chloroform, pure, 2 to 4 grams (gr. 30 to 60); tincture of aconite, 6 grams (dr. 1 1-2); oil of sweet almond, 90 grams (dr. 1 1-2). Sig. External use, shake before applying.

4. In case of excitation at night, use a hot lotion of poppy heads (dried poppy capsules 30 grams (drams 7 1-2 to a quart of hot water), or a decoction of tobacco followed by the application of the following power: Finely pulverized talcum; oxide of zinc; starch flour, chemically pure, equal parts of each.

You may add advantageously to this treatment a light alkaline water (Vals. or Vichy) pure, or mixed with milk, two or three wine-glassfuls daily.

To prevent the return of this troublesome urticaria, continue the use of the laxative once every week. Proscribe the

Nightmare: For adults who sleep too soundly, give camphor monobromide or nickel bromide at bedtime; full dose.

Nightmare: A grain or two of caffeine valerianate at bedtime usually stop all such manifestations promptly.

use of preserves, pork, shell fish, sea fish, especially in the summer, and strawberries. (Bull. gener. de therap. in *Gazette des Hopitaux*, 1905, p. 1037.)

THE OLDEST TREE.

The oldest living organism on this earth seems to be a cypress tree in Chapultepec, Mexico, which is forty meters (nearly 133 feet) in circumference. Its age is guessed at to be 6200 years. This could be approximately ascertained by the layers if the tree were cut down, but we hope it will not be done.—*Revue Med. du Canada.*

CACTUS GRANDIFLORUS.

In the French journal *Gazette des Hopitaux* is quoted what our friend Prof. Ellingwood says of Cactus grandiflorus, in the *Medical Record*, June 3, 1905, where he recommends the fluid extract made of the stem and flowers of that plant as a cardiac tonic par excellence.

Official French therapeutists avoid all they can, mentioning the active principles of medicinal plants, and this may be the reason why the active principle, or cactin, glucoside of the Cactus grandiflorus, is not mentioned by that journal in that connection. I take the liberty of transcribing the following from the second edition of the Text-Book of Alkaloidal Therapeutics, by Waugh-Abbott: Cactin "increases the musculo-motor energy of the heart, elevates arterial tension, and increases the height and force of the pulse wave." (Ellingwood.) This describes its action perfectly. The vasomotor centers are stimulated and thus general nerve tone is improved. Cactin has a distinct influence over the sympathetic; it aids markedly in restoring nerve equilibrium in all neuroses, and as we frequently meet heart and nerve disorders conjointly, the utility of the remedy becomes apparent. It acts positively on the heart muscle, and also increases its nutrition. After a week or two of its use valvular murmurs become less apparent, and if the drug is continued, cease.

FIBROLUSIN.

Fibrolusin, which means "fiber-loosening," is an improvement by Dr. F. Mendel of Essen, on thiosinamin, which seems to be a wonderful dissolvent of cicatricial tissue, applied either directly to a cicatrix, or even administered internally.

The remedy deserves a better than this Latin-Greek mongrel name. We propose "ouleolusin," scar dissolver, or "cicatrosolvin." It is manufactured (not the name) by E. Merck.

ELECTRICITY FOR FURUNCLES.

Dr. Marcus of Munich recommends the treatment of furuncles and carbuncles with electricity. He introduces the negative pole in the diseased follicle by means of an epilatory needle with a current of one to two milliamperes. He then increases the current to 10 ma, and enlarges the follicular opening. There is a strong development of hydrogen which expels tissues, dust, and cocci. Then he introduces the positive pole with a depilatory needle, which develops oxygen in the nascent state, which is the most energetic disinfectant.—*Wiener Med. Wochenschr*, 1905, page 1181.

Nightmare: Children need rhein or juglandin, a small dose before each meal for a week, with cypripedin at bedtime.

In Manilla copper sulphate has proved useless as an agent for purifying water unless used in unwholesome quantities.

MISCELLANEOUS ARTICLES

THE FATE OF A PATHOGENIC MICROBE.

A TRAGEDY IN ONE ACT.

A pathogenic microbe and leucocyte meet at a capillary crossroads. The microbe displays a lofty contempt for the leucocyte, and proposes to itself to reduce it to a desolate waste.

Microbe. (*Aside*) Now whither farest his pellucid nibs? I'll jack him up a bit. (*To leucocyte*) Halt! Throw up thy flippers, pale corpusculus, ere I fillip thee supra-lunaward.

Leucocyte. What wouldst thou then, inconsequential mite?

Mic. Inconsequential, didst thou say? Know then, I a bandit am. Me totem is the bat of Sepsis, and me rendezvous, the pathogenic camp.

Leu. What then, thou measly atom of a pathologic vagary? Wouldst aught of me?

Mic. Merely thy life, together with thy scads.

Leu. Now damn me—hath it come to this? (*Aside*) Some of the pother of the outer world hath seeped into its brainlet; so, hence its stiff, pavonian airs. And what a glairy glare on it wherewith it glareth! Could supercilious smugness out-ultra it? It hath a new-born vanity, and naivè self-conceit e'er cocks its hat. (*To Microbe*) And thou a bandit art?

Mic. Thou bet'st I art. To spill the blood of such as thou, proud spherelet, is my trade.

Mic. (*Aside*). The pertness of Lord-buttressed littleness! 'Twas ever so. The mantle doth not fit, and evil manducations wimple out in acrid gaucheries. I'll humor it a bit. (*To Mic.*). Thou hast the drop on me?

Mic. I hast!

Leu. Oh, brave, proud bandit, hath not sweet mercy ne'er a place within thy soul?

Mic. Thou bet'st thy life it hasn't.

Leu. Art thou so minus then the cardiac viscus?

Mic. Thou canst ever bet I ain't.

Leu. Wiit thou no quarters give?

Mic. Me hindquarters I'll show to thee when I have done with thee.

Leu. Now, God forefend! Canst strain not out one molecule of mercy?

Mic. Nary a mollie, nor nary a cule.

Leu. I pale me in thy splendor, sweet bacterium. Pray, let me live—live but to serve thy excellence.

Mic. It canst not, shall'st not was.

Leu. Thy secretary let me be.

Mic. Nixie—nit.

Leu. Then thy factotem, please.

Mic. Come off! we are a fact, and we a totem havist.

Leu. Then thy bootblack.

Mic. Me wants are fully served, and thy vain twaddle counteth not.

Leu. Oh, sublime, sanguiferous recidivist, I have a wife.

Mic. I don't give two whoops for that.

Leu. A child whose pleading innocence would move a fiend!

Mic. Thy watery, translucent kid bedam!

Leu. (*Aside*). Shall not the cat play with its prey, then why not I? (*To microbe*). Thou art exceeding clever, and much thou must have pondered problems vast.

Mic. Me constitution bendeth 'neath its weight of wise content.

Leu. 'Tis well. Perhaps thou'lt deign to sweeten my last hour with seerish answerings.

Mic. The favor's trifling—shoot off.

Leu. But first, how gottest thou within my fair domain?

Mic. The bars were down and I walked in.

Leu. Thou'rt sure of this?

Mic. Dead sure; the bulged of brow have so declared.

Leu. (*Aside*). The crass credulity of slaves to spectacled authority! The theory may be true; it may be false. At most, predacious bugs could only give disease its specificity. Not else, because the bars must be let down. But isn't that enough? We must concede it is. Why shouldn't mites bacteriologic be at least diseases' secondary cause? But is it philosophic to attempt abatement of a secondary cause? The question is a pregnant one, and conscientious men are testing it with all the zeal of scientific trust. It may transpire they're right, and it may not. The nuances momentous as related to coincidence—what havoc have they ever wrought in clinical conclusion! But we'll hope on—a few more years will tell. Meantime, let controversy, tests and counter tests go on, for out of friction flashes light. (*To Microbe*). What label wearest thou?

Mic. (*Bristling*). The diphtheritic *badge.*

Leu. Pray, where thy native habitat?

Mic. (*Scratching its head*). Within a sewer pipe.

Leu. Whence thy specificness?

Mic. (*Winking rapidly*). Now wot th' 'll is that to you?

Leu. Is diphtheria intrinsic to sewage, or is it so to you?

Mic. (*Twisting on its nates*). Too dam pragmatic, thou.

Leu. What is it that we call diphtheria? Is it the outcome of a base ferment—the organism's struggle 'gainst a specific mode of heterogeneous presence? Whatever 't is or is not, experiment (empiricism) alone, not sharp deductive scientific study, must work out in the end, the remedy. There is no royal (scientific) road to therapeutic certitude.

Mic. So pratest all damphules.

Leu. (*Aside*). The human form divine! this temple of the soul—its self-sufficiency is sure. No enemy hath it within its own precincts. Heredity itself belongs to its environment. If these bacilli (pathogenic) are not natives, morbidly deformed, then it is sure they're from without. No malady arises *de novo* within this sacred tenement. The very *primal* cause of all disease comes ever from without. The first *effect,* therefore, the primal intra-lesion is. (*To microbe*): Feel'st thou that thou a primal lesion art?

Mic. Me ptomaines 'tis that does the devilment.

Appendicitis: Its uncommon prevalence among colored races Sandwith attributes to greater care in keeping the bowels open. Thorne attributes appendicitis to habitual toxicity of intestinal contents from catarrh and fermentive decomposition.—*Med. Rec.*

Leu. There is no sin in such belief; it may be true. What then? Is such refinement more than learned ornament—the tapistry of ultimate and nice research?

Mic. 'Tis pathologic science, and what, without the pathogenic picture shalt thou do? Thou'rt buggy, very.

Leu. (*Aside*). This Mickie knowth no more than doth some men. (*To microbe*). Right diagnosis—a most creditable accomplishment indeed—holdeth not, intrinsically, so much as e'en the echo of a therapeutic hint, in fundamental sense. Canst tell me why it should?

Mic. I can'st, but then I shan'st.

Leu. It hath become the fashion of the ultra-up to e'er contemn whatever smacks of the empirical. And this, forgetful of the fact that rational empiricism is the soul of Medicine. The strenuous assertiveness of the deductive habit, 'tis, that drives men out tangentially from common sense in things iatric. The point of the Jennerian accident hath set strange wheels a-turning in some heads, and they are cogging out some queer fatuities along with many a brilliant truth. And, too, there is a pride begotten of vocation which e'er shrinks from the concession that our therapeutics is but scant in scientific fact. And so the leaders chase phantasms, closet-born, whose vague remedial incidence inheres mayhap, in isopathic dreamery. To invade the sacredness of our blood current—is't nothing in relation to the sanctity of physiologic sense? And counts not this in the great ultimate of things? And shall the Achean gauze of cryptographic phrase and euphemistic baubles mitigate the hurt? But still, and still, the vast, tremendous force of curative results—if they are real—shall these not e'er o'er-ride the niceties of the esthetic sense? The question hath two sides, and studious men will work it out.

Mic. Thou art a ass without recourse.

Leu. (*Aside*). The ass's argument. (*To microbe*). Small as thou art, thou art a large and all-pervading fact. The universe rests on thee in great part, for thou art close connected with the principle of life, and without life there were no universe. But that is also true of me, and so thou need'st not put on airs.

Mic. Forgetst thou, chump, that I've the drop on thee?

Leu. The drop—the drop—thou'l't soon lose e'en the virtue of a drop, deep in oblivion.

Mic. Ha! Me incandescent inwardness gay chortleth now in bloody glee. Prepare for 's death! Dost pray?

Leu. (*Striking a tragic attitude, and pointing at the microbe a finger no less vesicatory for being metaphorical, while weird and shuddering strains proceed from the orchestra*). Oh, thou tenebral speck of foul negation; thou blasted histogenic speck exiguity; thou bastard mite cylindric—the gall of thee! Yes, I do *prey*, and thou shalt be the subject of my prayer. (*Blue light and slow, lurid and gutteral music, as the leucocyte swallows the microbe*).

Leu. (*Stepping to the front*). *Sic semper tyrannis*, and a good square meal.

William Colby Cooper.

Cleves, Ohio.

HEADACHES: THEIR CLASSIFICATION AND TREATMENT.

Anemic Headache.—The proximate cause of this kind of headache is a de-

Appendicitis: The most common cause is a lodgment of undigested matter or fecal masses in the bowel.—Tyson, *Med. Record.*

Appendicitis: Disinfection and lubrication of the intestinal tract are the essentials of prevention.—Symes Thompson, *Med. Record.*

ficiency of blood within the cranial cavity. It is an almost invariable attendant on general anemia and chlorosis, and consequently young women of feeble constitution are particularly liable to its attacks. It is a common attendant upon all forms of debility due to uterine hemorrhage, epistaxis, hemorrhoids, malnutrition, chronic diarrhea and mental and physical exertion; masturbation in both sexes, and the excessive indulgence in tobacco. The symptoms are a sensation of tightness about the forehead as if it were encircled in a band and there is a clawing sensation at the vertex. The pain is less when lying down than when sitting up. In some cases the act of rising causes vertigo, giddiness and syncope.

Treatment.—The inhalation of a few drops of nitrite of amyl is often followed by immediate relief, but this is of short duration. Repeat it when required. The patient should lie in bed with the foot of the bed elevated so as to get the blood to flow to the head. Aromatic spirit of ammonia is sometimes useful for immediate relief and the patient should be put upon triple arsenates beginning with two granules after meals, gradually increasing to three or four, with ten drops of nuclein between meals on the tongue, with a rich, liberal diet of cod liver oil, rare beefsteak; and mutton chops, milk and eggs where the patient can digest them. Liquid extract of beef is good and liquid peptonoids is good to begin with. Quassin, 1-3 grain before meals, is a very good practice to stimulate appetite; and above all keep the bowels open with saline laxative mornings.

Congestive Headache.—In this form of headache there is a severe tensive pain with a sensation of fulness in the cranium. The pain is constant and sleep is more or less profoundly affected. All mental and physical exertion increases the pain and there is more or less vertigo. The patient is extremely irritable and aroused by the most trivial circumstances. He is pessimistic and depressed. The heart action is increased in intensity and there is a throbbing in the temples. There is an increase of temperature above the vertex and the face has a livid, coppery appearance. The cause of this headache is an increase in the arterial blood tension and a distention of the intracranial veins, consequent upon some form of obstruction to the flow of blood in the same.

Treatment.—Relief is afforded in uncomplicated cases by compression of the common carotid arteries. Electro-compression also yields excellent results. Cold to the head, with hot water to the feet and calves, is also a good treatment, as is the hot-air or Turkish bath. The hot water bath, as hot as the patient can stand, can be given with advantage. In severe cases leeches to the temples or septum nares is of advantage, as is also dry cupping of the neck and back. Blisters to the nape of the neck and sinapisms to the calves of the legs have also been used with excellent results. The galvanic current to the head may be tried, but it is seldom of very great use. Aconitine amorphous, 1-67 of a grain, every one-half to one hour until you get softening of the pulse, and then keeping it so by reducing the dose, has served me well in conjunction with bromide of sodium in moderate doses. Keep bowels open with saline laxative. An occasional dose of calomel and podophyllin is good.

Appendicitis: Allowing sepsis as a cause, Williams adds extra work thrown on bowel by neglect of other emunctories.—*Med. Rec.*

Craig condemns all surgical antiseptics except 60 per cent alcohol; crediting reaction temperatures to the chemical used.—*N. Y. M. J.*

Nervous Headache.—This form of headache is due to a change in the substance of the nervous centers themselves and is readily evoked by profound emotional disturbances. In many persons the onset is marked by a digestive derangement, eructations, flatulence or constipation. The pain begins with visual disturbance. The sight becomes clouded and there is acute pain in the temple. There is more or less nausea, confusion of ideas and vertigo. Sometimes the pain is felt in the forehead, vertex or occiput, but in the majority of cases it becomes located in one temple, in one half of the head or in one eye.

The causation is various, such as debilitating disease, spermatorrhea, leucorrhea, mental disorders, digestive disturbance, worry and depressing emotion and in general neurotic patients.

Treatment.—The point of most importance is sleep. Give sodium bromide in from ten to twenty-grain doses every two or three hours. A hypodermic of morphine, gr. 1-6, is sometimes necessary. Put the patient in a dark room and apply ice to the head if there is cerebral congestion, otherwise the hot water bag is better. Hyoscyamine in conjunction with bromide of sodium is excellent to produce sleep. Give until effect. A formula I have used with great success is as follows:

Antipyrin .....gr. 10
Sodium bromide .....gr. 30
Caffeine .....gr. 2
M. Fiat charta No. 1

Take one powder every two hours until relieved and then less often. This will usually stop the pain very soon, when you may dispense with the antipyrin but continue the bromide or hyoscyamine. To prevent the nausea from the hypodermic use of morphine give one-half grain of cocaine before injecting the morphine. [In our opinion, in nervous headaches, as in all other nervous diseases, habit-forming drugs, such as morphine and cocaine, are to be religiously tabooed.—Ed.]

Toxic Headache.—This form of headache is caused by some chemical change in the constitution of the blood, due to poison introduced from without, or through an organic or functional derangement of the system such as alcohol poisoning, Bright's disease and fever, which prevent the throwing off of the solids, thereby causing uremic symptoms due to retained poison in the blood. This also occurs in people who inhale poisonous gases and in those that work in lead and get a chronic lead poisoning of the system.

Treatment.—If the headache is due to the inhalation of gases open the bowels by saline and give a hypodermic of pilocarpine to produce diaphoresis, if possible. Let the patient take a hot bath, or better a Turkish or Russian bath at once. Always use eliminants to rid the system of the poisons and if the kidneys are diseased treat them. Accordingly, if liver is at fault, give calomel, gr. 1-6, and podophyllin, gr. 1-6, one of each every hour for six or eight doses twice a week. In the intervals give saline laxative. Give tonic if required.

Bilious Headache.—This is a very common form of headache and is caused by ovarian and uterine affections; by hemorrhoids, decayed teeth and digestive disturbances; and by malarial poisoning in those living in malarial districts.

Symptoms are pain in the head, con-

Eastman pronounces safe the injection of 2% osmic acid solution, gtt. x, into sensory nerve trunks; watch kidneys.—*Med. Record.*

A solely symptomatic treatment while seemingly correct is both theoretically and practically incorrect.—Hare, *Ther. Gaz.*

striction and fulness in forehead or vertex, bad taste in the mouth, yellow skin due to accumulation of bile in the duodenum, more or less digestive disturbances, a feeling as if about to vomit, and giddiness, sometimes vertigo.

Treatment.—A hypodermic of apomorphine, gr. 1-12, is good treatment to produce emesis. Repeat the dose if required, then after emesis give one-half grain of cocaine to quiet the stomach with a mustard plaster over the stomach for twenty minutes. Then give six one-sixth-grain granules of emetine with as little water as possible. This will work ever night—perhaps both ways. No matter, it is the best medicine I know of in these cases. Now after the bowels have moved begin by giving the patient two tablets of compound manganese tablets before meals. Increase to four tablets if necessary. This will correct his stomach. If the patient is troubled with his liver give him an occasional dose of calomel and podophyllin, followed by saline laxative. If there is much gas, give him strychnine, three or four granules before meals, with the manganese compound. If the patient has malaria give him quinine arsenate, gr. 1-6, quassin, gr. 1-6, and berberine, gr. 1-6, every two or three hours, and you will cure your patient. A course of dilute nitromuriatic acid is good, but be careful not to give it while you are giving calomel or you will "raise ructions."

Organic Headache.—This kind of headache depends upon a profound change in the constitution of the brain and its membranes, and is caused by arterial disease, syphilitic and other varieties of tumors, tuberculosis, cerebral softening, hydatids and ossified formations within the cranial vault, and meningitis.

The treatment must be directed toward the cause; medical or surgical, or both in syphilis. Give protoiodide of mercury one-half to one grain three times a day with iodide of potassium in large doses, or you may give the new iodine, called calx iodata, from three to ten grains or more a day, to effect, with saline laxative mornings. For pain give morphine, hyoscyamine or antipyrin; bromide is useful in the majority of cases. In those cases due to non-syphilitic tumors, or other affections, surgery is resorted to, at times with success. This is only done in selected cases and is more often a failure than a success.

W. F. Radue.

Union Hill, N. J.

A LETTER FROM THE PHILIPPINES.

This is the first time that I have attempted to write anything for the Clinic family, and I do so now, not because I think that I know anything about medicine that will be of special interest to you, but, because I know that some of the things which I tell you will interest some, if for no other reason than from the standpoint of queerness, and because I have been asked to write something about the every-day experience of a doctor in the Philippines.

Well, to begin with I reckon I had better tell you who I am.

I am of the Class of '98 of the Old Hospital College of Medicine in the state where the little girl, who, when her family was going to move to another state, got down on her knees by

Hearing that a death was due to uric acid, the city editor sent to every drug store in town to find who sold the acid.

Dr. McCormack seems to be *persona non grata* in Kansas, his remarks anent that state being resented deeply by its doctors.

her little bed and said, "Goodbye God," and,

Where the blue grass grows,
And the best whisky flows;
Where the women are the prettiest in the Land;
Where the pennyroyal is found
Like a carpet on the ground.
And the horses are the first to pass the stand.

I reckon I am the luckiest man in the world, not simply because I was born in Kentucky—though that would be sufficient evidence—but because whenever there is a particularly bad case which is going to terminate fatally I am nearly always away from home, as was the case a few days ago. While in Manila, where I had gone to take an examination which corresponds to the State Board in the United States, a telegram came to Vigan, where I am in charge of the Constabulary Hospital, asking me to come to a town in the next province to see a woman, and to bring my obstetrical instruments; not being at home my wife sent the telegram to Dr. E., who is the smallpox doctor for this end of the Island and whose headquarters are in Vigan.

Dr. E. started out horseback, which is about the only way one can travel in this country; it was about the middle of the afternoon and he rode all the evening and until one o'clock that night; lying down by the side of the trail he slept until four in the morning; getting up he began to climb one of the worst trails (Igorrote Trail) in northern Luzon. No one who has not climbed an Igorrote trail knows anything about one. You must climb from rock to rock and from shrub to shrub; jumping from stone to stone one slowly makes his way upwards through clouds and above them. Rope-soled shoes are a necessity in this kind of work, in order to keep from slipping, which would mean almost instant death. When the highest point of the trail is reached one does not think much of the grandness of the scenery but of the descent, which is almost as bad as the ascent.

When Dr. E. arrived at the foot of the trail on the other side, he found a pony waiting for him, also "hurry up" orders. He mounted and rode until one o'clock next day, through rice paddys, cocoanut groves, and forests of tropical foliage, fording rivers and rafting across those that were too deep and swift to ford. After more than forty hours of riding with but a few hours of sleep and with but little to eat he arrived at the town to find an American woman, the wife of the Provincial Treasurer, seven months pregnant, dying from an abscess of the liver, death closing the scene two hours after his arrival. Of course, there was nothing else for Dr. E. to do but return to Vigan. Just as he was leaving the house the Provincial Treasurer stepped up to him, took his hand and said: "Doctor, I am most grateful to you and to show my appreciation I will just put this in your side pocket and if any one asks you how it came there, just say the angels dropped it from heaven." (This is the custom which prevails here where there are so many physicians who have not passed the state board examination and are not allowed to charge for practising. Dr. E. however, is not one of this class.)

After listening to his words of gratitude the doctor said, "Goodbye." (That was not what he said the next morning.) and started on the return journey, thinking

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McCormack says Kansas is a dumping ground for low grade doctors. They manage to keep out of our sight remarkably.

Egan denies that it is proved that yellow fever can only be imparted to man through the medium of the mosquito.—*St. L. Clinique.*

I suppose, as we all sometimes do, of how he could have saved the woman if he had gotten there in time. I suppose that his mind was so full of the thoughts of the sad picture he had just witnessed that he had forgotten all about his side pocket.

Next morning, when putting on his clothes, after a refreshing night's rest at one of the little villages along the way, he happened to think of the money in his side pocket. He drew it out and what do you suppose he found? After riding, climbing, stumbling, falling, rolling and swimming one hundred and thirty miles, scarcely stopping to eat or sleep for more than forty hours, going out of kindness of heart and emptiness of pocketbook in the place of another doctor who was lucky enough to be away, he found in that side pocket, where the angels had deposited them, two ten peso bills (ten dollars in all). This, the experience part, none of you can fully appreciate, for you have never climbed an Igorrote trail.

You cannot realize the beauty, grandeur and hair-raising characteristics of a trip over one. The most fascinating part is the uncertainity of having a head when you reach the other end of the trail. The Igorrote has a peculiar habit of lying concealed along the side of the trail with a peculiarly arranged weapon made something like this:

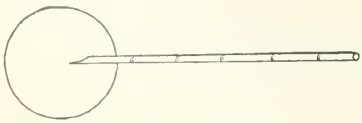

Fig. 1. Igorrote Spear with "Bejuco."

The long spear is made by hardening a piece of bamboo in a fire, it is then sharpened. The loop is made of ratan (called "bejuco" in this country). The Igorrote lying by the side of the trail reaches out and drops the loop over the head of his victim, gives a quick jerk and then a shove. You can easily imagine the result. The sharp bamboo spear is driven through his neck, mortally wounding and incapacitating him for efficient defense. Again the Igorrote, who hops out from his place of concealment, with one stroke with his head ax, which is another funny looking thing like this

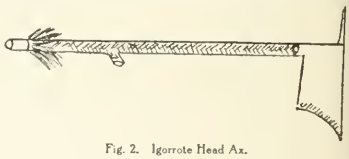

Fig. 2. Igorrote Head Ax.

completely severs the head from the body of his victim. He then sticks the spike arrangement into the skull and goes trotting serenely up the trail to his rancheria, where he takes the head to the "Jefe" or head man to whom he has previously applied for permission to marry a certain dusky, fat, chunky beauty and has been asked how many heads he has. Now one would suppose that a man would not have to have but one head, but it is not so with the Igorrote. In order to marry a girl of any prominence he must have quite a number of heads. In reply to the Jefe's question, this particular Igorrote has in all probability answered that he did not have but eight heads and had been told that he could not marry the girl unless he had one more. The above narrated proceedings are the result.

I suppose the most common everyday experience of a doctor, as well as

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Only when there is malignant disease of the gall-bladder, or at least a suspicion, is cholecystotomy justifiable.—Carr, *Va. M. S. M.*

The *Va. Med. Semi-Monthly*, speaking of a doctor charging from attendance on a doctor's son, deems it lawful but inexpedient.

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the most grotesque, is the seeing of funerals passing to the graveyard. As I have been writing this, one has passed my office.

When a member of a family dies, instead of the friends and relatives going into mourning they go into jolification. They set the corpse up in a chair and begin cooking up a feast. Then, when the table is piled high with things to eat, the dead member is moved up to his accustomed place and all the neighbors, relatives and friends flock in and "fall to," "eat, drink (vino) and be merry for tomorrow they may die," and I don't see what keeps them from dying tonight, when they drink the vino (which is nearly pure alcohol made from sugarcane). I have never seen any one but a native who could drink it straight. I tried it one time and could not get the stuff to my lips, it would take my breath. It is just like trying to drink chloroform. I have seen natives drink a pint at a time. Oh! this is a fine country *for experiences.* I haven't begun to tell you anything yet. But, to get back to the funeral. The people eat and drink all they can hold and then as soon as they get sober enough to walk they get down the coffin from the loft (where it has been for years, if the deceased happens to be an old man) and they put him in it, which does not shock him in the least, for he has, in all probability, slept in it for a long time prior to his death. This process will be repeated by the next oldest member of the family, if it happens to be a poor family, for in that case they do not bury the coffin but simply dump the man in the hole in the ground and bring the coffin back, regardless of disease, cholera, smallpox, plague, leprosy or consumption.

In going to the graveyard the coffin containing the man is slung between six pall-bearers, three to a side, who have a pole on their shoulders with straps running from one side to the other under the coffin, much the same as a coffin in the States is lowered into a grave. The procession, or I should say the crowd, walk in a bunch around the coffin, laughing and talking. The only thing that has any regularity about it is the band, which always accompanies a funeral, marching behind and playing: "The Girl I Left Behind Me," "Yankee Doodle," "Hot Time," or some other such appropriate piece.

Now you may think I am lying or "loco", but I am not. Every word I say is the truth. I could write enough to fill up the CLINIC, but will stop as I am afraid that I have taken up more space than I ought to now.

I would like for some of you to write to me, especially you fellows who live in the country, as that is where I have practised most of the time and I believe if any of we doctors get to heaven, there will be a majority from the country. A city physician does not know what practising medicine means; does he Country Man?

If this dose of Experience don't kill you and you want more, just indicate the time and amount.

Vigan, Ilocos Sur., P.I. T. E. Moss.

—:o:—

Dr. Moss is a surgeon in the Philippines Constabulary, and those of us who saw the marvelous drilling of the little brown men at the St. Louis Exposition will have a peculiar interest in our com-

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The consolidation of two Virginia medical colleges has failed for want of sufficient funds.—*Va. Med. Semi-Monthly.*

An effort is to be made to induce the Virginia legislature to repeal the special tax on physicians in that state.

patriot from "Old Kentuck," who is looking after their welfare. What a wonderful country the far off Philippines is! How full it is of interesting things about which all of us want to know and about which we are going to depend upon the doctor to enlighten us. We feel sure that every one of the numerous letters which our readers are going to send him will join with us in the plea for "More."—Ed.

FROM ONE OF THE MEDICAL COLLEGE BOYS.

I am very sory to note the heavy loss you sustained by the fire, but notice that you are still in the lead.

When the Clinic reappeared under its new name I thought I should go ahead and gather in some new subscribers and do even better than I did last year. I am very sorry to state that I have been unable to work any in your behalf so far. The reason lies in the fact that I was selected to work up the cases to be brought up in the clinics. You know what it means to take the history of a patient, give test meals, analyze stomach contents, make tests and examine sputum, feces and urine. I hardly have time to study, but I do not forget my Clinic. Besides, as a candidate for graduation I have been put on a "committee" so I trust you will overlook my shortcomings.

However, I do not intend to let the Clinic go unrepresented here. I have profited by the perusal of its contents and as advocate of alkaloidal therapy had to read up to parry the onslaught of the foe. At first I was laughed at, but the ice has been broken and the Clinic has many friends here.

In regard to Query 4911, "Ground Itch" is a dermatitis caused by the embryos of Uncinaria Americana penetrating the skin. The larvae must be about four days old. The "toe itch" can be produced by tying a poultice containing the larvae on the arm. The evidences are not always anemia, pot bellies, etc., although generally they are. I spent seven weeks in South Georgia and found most any kind of symptoms, the cases being mostly diagnosed as "acute indigestion," rheumatism, and "slow fever," also malaria. The microscope is the only reliable method by which the disease can be recognized. I first used a 2-3-inch objective and they seem to be about the size of a small pea; under the 1-6 objective they appear like a small partridge egg. Thymol is the only remedy that does the work. To "get the worms" I strain the feces through an old guana sack. Be careful of the drug; 60 grains in two doses is recommended. Keep alcohol and oil from patient. I now give it in small doses and get good results. It depresses. The best thing to relieve the dermatitis of uncinariasis is strong salt water.

With wishes for a prosperous year, I remain, even if "made in Germany,"

Yours truly,

F. W. Schnauss.

Atlanta, Georgia.

—:o:—

The writer is one of our medical college "boys" who has done good work for the Clinic in Atlanta, having added many subscribers to our list from among his fellow classmates. He gives a fine picture of the work of the up-to-date medical student. How different it is from that of some of us old timers, who

Taylor credits Burgess with discovering a permanent cure for syphilis in the bull nettle. *Summary.* Solanine is its alkaloid.

The mere condemnation of impure foods seems an inadequate punishment for the attempt to perpetrate such a fraud.—*St. L. Clin.*

remember when two identical courses of perfunctory "lectures" constituted the entire medical course.

The description which he gives of hookworm disease and the ground itch, as he has personally observed them, is a very interesting one. This disease is now known to be a very common one in the South and responsible for many of the obscure diseases which have been diagnosed as "malaria," "rheumatism," etc., just as he says. Southern doctors owe it to their patients to learn more about uncinariasis and to eliminate the infection from every place where it has appeared—for it is a preventable disease. —Ed.

CALCIUM SULPHIDE IN PERTUSSIS.

About eight weeks ago my little daughter three years old was exposed to whooping-cough. About a week afterward she fell ill with scarlet fever, during which I kept her saturated with calcium sulphide. She got well.

About November 23, she was again exposed to whooping cough. A few days thereafter she showed signs of having a "cold." Slight fever, nose running, dry cough and "cranky." She catches cold very easily and, upon the first appearance of a cold, she immediately gets calcium iodized, for a week. This time she was given calcium iodized without, however, breaking up her "cold." Her cough was worse, and at times appeared to be somewhat spasmodic and we soon became aware of a slight whoop at the end of one of these spasmodic coughs. I immediately dropped the iodized calcium and gave her calcium sulphide, two granules four times a day. Her cough grew worse, until she complained of pain along the attachment of the diaphragm, and the convulsive cough shook her little body terribly. I then gave her three granules four times daily. In a few days I noticed an improvement, and she grew rapidly better until now, three and a half weeks after the first dose of calcium sulphide, her cough is gone and she is well. Her little friend, Irma, from whom she caught the whooping-cough, is still coughing and so far as I know, her parents or her physician are letting it run its course.

To sum it up: If anything, aside from nature, cured this case of whooping-cough, it must have been calcium sulphide, for she got nothing else.

My method of giving the granules is to place them on the little one's tongue, and give a little granulated sugar from a spoon. The child will then grind up the granules with the sugar, apparently paying no attention to the disagreeable taste or odor.

A question: Would it not seem as if the calcium sulphide, which she got during her scarlet fever, after having been exposed to whooping-cough the first time, had prevented an attack of whooping-cough, in view of the fact that when she was a second time exposed to whooping-cough she contracted it? And, further, in view of the fact that, after she had contracted the whooping-cough, the calcium sulphide again apparently, acted very beneficially?

G.

——, Wisconsin.

—:o:—

The calcium sulphide certainly acted

I no longer use non-absorbable ligature or suture material for purely serous surfaces. Wetherill. *St. L. Med. Review.*

She never would say she was entirely easy until I gave her a hypo of morphine "in her mind"— pure water.—Landers. *So. Clinic.*

very nicely in this case of whooping-cough, as it does in all such cases when it is given in sufficient dosage. Rarely, very rarely, complaints come to us that the drug has failed to do the work. When the cause of the failure is carefully ferreted out, in nine cases out of ten we find that the physican has failed to *push* the remedy to the point of saturation. Don't be afraid to give enough.

We have no doubt that your interpretation of the failure of the little one to "take" the whooping-cough after the first exposure is the correct one. Numerous cases have been reported in which this remedy has proven effective as a prophylactic, not only in whooping-cough but also for scarlet fever, measles and even smallpox. Read the article by Dr. Pixley in the December CLINIC, also the one by Dr. Thackeray.—ED.

DIPHTHERIA, PNEUMONIA AND INFLUENZA.

After giving some of the alkaloids and active principles a reluctant trial, I have been forced to acknowledge their wonderful power for good. I now use them very extensively with surprising results. The enthusiastic and what I branded as "highly colored" reports from the various correspondents of the CLINIC used to disgust me, but actual experience has taught me, that too much cannot be said in praise of this exact and scientific way of treating disease. I do not wish to take much of your valuable space, but the mention of a few cases may interest some of your readers.

A few months ago, I was called to attend a case of laryngeal diphtheria in a child four years old. The dyspnea at my first visit was so great as to threaten life and I made preparations for tracheotomy. Meanwhile I gave antitoxin 4,000 units, with some relief, and dissolved twenty-four 1-3-grain tablets of calx iodata in twenty-four teaspoonfuls of hot water and fed this to the child as fast as it could swallow. In less than half an hour the improvement was well marked and in two hours the child was soundly asleep, resting easily.

I kept on giving the calcium iodized, 1-3-grain every two hours, for the next two days and the child made a prompt recovery. The heart was supported with brucine, to which I added emetine for elimination. Of course, I do not attribute all the good results in this case to the calx iodata as I am a thorough believer in antitoxin for diphtheria, but this iodine preparation will greatly aid in the treatment of this dreaded disease.

During 1905 I treated over fifty cases of diphtheria in which the Klebs-Loeffler bacillus was present without a single death, and in every case I employed antitoxin and the calx iodata with of course other remedies as the individual cases required.

During the first part of February, 1906, I was called to see a child three years of age. The symptoms pointed definitely to catarrhal pneumonia. Temperature 104° F., pulse 150. Marked dyspnea with shallow and rapid respiration. Auscultation revealed fine sibilant and also subcrepitant rales in both lungs with a few areas of tubular breathing.

The treatment consisted of magnesium citrate for the bowels; aconitine, veratrine and digitalin for the fever and equalization of the circulation (which in my estimation these three remedies com-

Hast thou a friend? Visit him often, for thorns and brushwood obstruct the road which no one treads.

The Chicago Laboratory furnishes its patrons free of charge bags for the Sahli-Desmoid test for diagnosing stomach troubles.

bined in the defervescent granule do better than other drug or combination of drugs). For the cough I gave codeine with emetine and locally I applied libradol. After twenty-four hours the temperature and pulse were normal, the cough ceased to be troublesome and there was a decided improvement in the condition of the lungs. The child kept on improving and made a complete recovery inside of a week.

You will probably criticise me severely when I tell you, that in this case I gave twelve defervescent granules in twenty-two teaspoonfuls of water, a teaspoonful every two hours. I also gave gr. 1-6 of codeine every three hours. I do not believe in giving very small doses of a number of drugs, frequently repeated, in any very serious illness, because the patient's rest is too much disturbed and rest is absolutely essential to success in treatment.

Another case I must mention, in which defervescent granule, one every two hours, did remarkable work for me. This was a case of influenza in a man of fifty. At my first visit I found him suffering with intense headache and a temperature of 105° F. Had severe chills during the day, nausea and aching of limbs with soreness of muscles, etc. I cleaned out the bowels with calomel and gave the above granule, as mentioned, during the night. At my next visit in the evening I found the patient feeling fine, with a normal temperature, and soreness and headache entirely gone. I continued the remedies at longer intervals and added quinine arsenate as a tonic. The third day he was up and about, feeling apparently as well as ever. These are only a few examples of many cases treated with the alkaloids. The more I use them the better I like them. They are certainly great life savers. They are definite and positive in action and if given with reason and deliberation they will seldom disappoint.

The CLINIC in its new form is always a welcome visitor. The present name in my opinion is more appropriate than the old.

S. G. SCHWARZ.

Granton, Wis.

ALL ABOARD FOR BOSTON.

As we have noted in the editorial department of this number, the annual meeting of the American Medical Association will be held in Boston, June 5 to 8. Aside from the meetings, which are expected to be very interesting, many other features have been arranged for the entertainment of vistors. There will be special meetings at the new Harvard Medical School buildings, with music in the quadrangle, and on the terrace, and a "5 o'clock tea." Excursions have been arranged to Plymouth, Lexington and Concord and to points of interest along the seashore. After the session there will be side trips to the lakes of Maine and New Hampshire and to the mountains of Vermont, the St. Lawrence, Thousand Islands, Niagara, etc.

In Boston there will be clinics and visits to the hospitals, fine exhibits, commercial and scientific—in fact everything to make the trip enjoyable and helpful. A neat guide book with map has been prepared for visiting physicians.

A rate of one fare plus $1 for the round trip is to be in effect over a large part of the United States, and tickets

Sahli's Desmoid bag does away with the necessity of using the stomach tube in diagnosing gastric maladies.

A young doctor from a small town said he had in 1,500 celiotomies done 1,300 appendectomies, Am. Gyn. Society.—*Mo. Cycl.*

will be sold from June 1 to 6, good to return leaving Boston up to June 11, with an extension possible to June 30. Passengers from Pacific Coast points may have return limit extended to August 31.

The Lake Shore Railway will run a special train, a counterpart of the "Twentieth Century Limited," consisting of observation compartment car, sleeping cars, library-car, dining-cars, on fast schedule, leaving Chicago at 10:30 a. m., Sunday, June 3, arriving at Boston, Monday, June 4, at 2 p. m. Stopover of ten days at Niagara Falls may be secured for side trips to Toronto, Thousand Islands and St. Lawrence River if desired. Write L. F. Vosburgh, General Western Passenger agent Lake Shore R. R., Chicago, or to Dr. F. X. Walls, Chicago.

If the CLINIC staff can give you any assistance, command us. Doctors, we want you to go. Let us have the pleasure of your company on this delightful trip.

A FEW RECENT THERAPEUTIC POINTERS.

Camphor in small repeated doses is said by Indian physicians to be a prompt cure for erysipelas. Spirit of camphor is applied locally also.

The fact has been ascertained beyond peradventure that iodism will not make its appearance—even when double the usual doses of iodine are given—if at the same time minute quantities of hyoscyamine are exhibited. The exact reason for this is not understood though a study of hyoscyamine action serves to throw some light upon the subject.

The danger in using mild caustics, acids, etc., for the removal of warts in the aged is well understood. Gr. 2 of magnesium sulphate given with water q. i. d. and a saturated solution of the salt applied locally will cause the most inveterate warts to shrivel and disappear within a month. The same procedures will suffice for non-specific vulvo-vaginal warts and vegetations.

HAS DIRECTLY CURATIVE INTERNAL MEDICATION A SCIENTIFIC BASIS?

In a paper presented to the Dominion Medical Association in 1903, the writer advanced the view that an exceedingly large percentage of the effects from drugs introduced into the blood current are obtained through the ganglionic system of nerves and examples in support of the contention were given.

The paper appeared in the February issue of the *Canadian Journal of Medicine*, 1904, and was copied in full by eclectic and homeopathic journals of the first class in Great Britain and the United States. Little complaint can be made of its reception as evidenced by editorial comment and some encouragement to press the hypothesis upon the attention of the whole profession was received, notably in a personal letter from a veteran editor who wrote: "As sure as fairness and exact reasoning are right, you are right. Hammer away along that line, Doctor, and a hundred years from now you will be cited as one medical man who was one hundred years ahead of his age—poor satisfaction, of course, but better than none." Hence this paper.

Some homeopaths especially, will resent its title, inasmuch as it intimates

The biologic series confers upon science a basis for a new pathologic nomenclature far more accurate and definite than the present.

In virtue of its vasodilator action caffeine produces a marked depression in the arterial tension.—Mirano.

that internal medication is not now upon a scientific basis, for they claim that their therapeutic method is scientific, being based upon a universal law. Eclectics and regulars freely admit that their therapeutic measures are based upon experiment and observation and in so doing have the advantage of modesty, for as a matter of fact homeopathic provings are simply experiments and the symptoms recorded are merely observations. On the other hand, however, these experiments in the form of provings having been made, and these observations in the form of symptoms having been recorded one using the law of similars within its limitations, can reason therefrom and be the first, as far as knowledge extends, to produce astonishingly curative effects with a given drug, as the writer has done more than once.

As an instance: A uterus immediately after the delivery of a placenta took on tonic contraction so abnormal as to put its possessor in agony, induce emesis and resist poisonous doses of morphine and atropine; the trouble yielded promptly to fluid extract ergot in doses of a fraction of a drop, prescribed in accordance with the law of similars. The morphine and atropine were given hypodermically.

The condition of this uterus has not been paralelled in another patient in the experience of the writer, and is so unusual that when mentioned in this Association some years ago it was received with derisive laughter. The experience has since been twice repeated in subsequent labors in the same patient under the writer's care. So that he was prepared to acquiesce in the editorial comment upon his paper made by the *Homeopathic Review* of London, England, last September when it said: "We want a law in medicine, and homeopaths believe firmly, and in fact know that such a law exists—and that this law, the law of similars, is true." But when it is claimed that the law is universal, or true under all conditions, the writer halts, for this claim has never been proven, and before the close of this paper he hopes to demonstrate its fallacy.

The writer has for a number of years in his feeble and imperfect way endeavored to bring to the attention of the whole profession at medical associations and in journals these views:

1. Abnormal ganglionic nerve force must be present when disease manifests itself by symptoms—therefore directly curative internal medication, when efficient, acts through the ganglionic or sympathetic nervous system.

2. This abnormality may be a deficiency, an excess, or a change—therefore directly curative internal medication acts by meeting deficient nerve force by stimulants, excess by sedatives and change by alteratives.

3. Directly curative internal medication, as held by eclectics, homeopaths and many of the rank and file of the regular profession—is a fact.

1. When one looks at the thirty-eight generators of nerve energy in the lateral chains of sympathetic ganglia, the still larger mesenteric, ovarian, renal, pelvic and cardiac ganglia, associated closely as they are by innumerable nerve wires with the central exchange, the solar plexus or "abdominal brain" as it has been called, realizing that the offices of this enormous nervous apparatus differ essentially from the offices of the cerebrospinal, it is not difficult to accept the

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Caffeine stimulates the heart by reinforcing and regulating its movements, thus opposing the fall of blood pressure.—Mirano.

In patients with diseased, non-dilatable arteries caffeine increases the arterial tension.—Mirano, *Riforma Medica.*

most recent pronouncement as to its functions, which are (1) To preside over nutrition; (2) to control the circulation; (3) to control gland secretion; (4) to preside over the organs of generation; (5) to control the viscera through their own ganglia; (6) to produce muscular action in involuntary muscles, causing them to contract rythmically, as in the heart, uterus, and intestines.

This statement of the functions of the sympathetic nervous system will hardly be questioned, and if correct it is difficult to point out a function of the body not under its control. That abnormal ganglionic nerve force must be present when disease manifests itself by symptoms is a mere corollary to this fact, and the conclusion that directly curative internal medication, when efficient, acts through the ganglionic or sympathetic nervous system is an unavoidable sequence.

2. Granting the existence and offices of such a nerve force there are of course variations from the normal exercise of its functions, which may be deficient, excessive or changed. It follows that the mission of internal medication is to bring that force to the normal by meeting deficiency with stimulants, excess with sedatives and changes with alteratives.

It has been estimated that 95 per cent of the patients seen by the profession have medicine given them, and yet a careful review of the papers presented at the Dominion, American and Ontario Associations in 1904 shows scarcely 3 per cent devoted to internal medication, when serum therapy is excluded. A correspondent claims that but one such paper was presented in British Columbia and from its teaching he had "dubbed it therapeutic nihilism." All this indicates a sad lack of faith in internal medication on the part of our leaders and would-be leaders.

It should therefore be a burning question with us general practicians whether the therapeutic pessimism of these men justifies their thus condemning such an enormous percentage of our prescriptions as useless or worse, or is it due to their ignorance of the subject?

3. This brings us to the third postulate: Directly curative internal medication as held by eclectics, homeopaths and many of the rank and file of the regular profession is a fact.

In the opinion of the writer the hypothesis herein advanced establishes this fact and justifies the greatest optimism in reference to internal medication on the part of those who grasp its principles.

No one can successfully deny that the mesenteric, ovarian, pelvic, cardiac and cervical ganglia do almost, if not completely, control the organs with which they are associated, and by analogy we conclude that the many smaller ganglia exercise similar control within their respective spheres of action.

No therapeutist can think five minutes upon the subject without noting many instances where a drug shows a selective action and if the foregoing contention is right this selective action occurs through the ganglion controlling the function of the gland to which it is distributed.

The office then of direct medication is to remove functional deviations manifested by symptoms by correcting the ab-

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In most cases caffeine causes slowing of the pulse as it reinforces the vigor of the ventricular systole.—Mirano.

Colds result from disordered metabolism due to local circulatory disturbance from unusual exposure.—Wakefield, *Med. Record.*

normal action of the disturbed nerve center upon which they depend through the use of remedies that possess the power so to do.

In all probability there are drugs that will directly restore every departure from normal action of each ganglion before organic changes occur, and it is not because the hypothesis is false or the drugs do not exist that they are not known and used. It is more a want of ability to differentiate the functions of the different ganglia, than a need for drugs to influence them, that bars our progress. This is hard to disprove when one looks at the many drugs that influence a complex function and how little has been done to differentiate their therapeutic effects.

As an instance: We have cimicifuga, caulophyllin, viburnum, senecio, aletris, helonias, pulsatilla, etc., each having a direct influence over the sexual organs of woman. But notwithstanding recent efforts to point out their specific therapeutic effects, our knowledge remains very imperfect because we are unable to indicate which of the various ganglia generates the nervous energy that results in the performance of a given function. We are therefor still frequently compelled to use shotgun prescriptions instead of the rifle bullet of a single remedy.

Again how easy to point to the list of drugs (digitalis, aconite, veratrum, cactus, strophanthus, crataegus, etc.) that directly influence the heart and how little has been done to differentiate their use.

Possibly this differentiating process has been carried farther in connection with the nerve supply of the intestinal tract than elsewhere, for it has not only been claimed that constipation is largely due to abnormal nerve energy generated in the mesenteric ganglia but that "The *superior* mesenteric ganglion presiding over the small intestine and the right half of the large bowel, perhaps, evacuates or forwards its contents analward three to five times daily, while the *inferior* mesenteric ganglion presiding over the fecal reservoir (the left half of the colon and the rectum) evacuates or forwards its contents analward once daily."

This definite differentiation of Byron Robinson's merely hints at the work necessary in this direction, and is a fingerboard pointing the way to perfection in the administration of drugs for therapeutic effect. Without the slightest idea of the hypothesis herein advanced our predecessors made a practical, if empirical, use of observed facts. For Geo. B. Wood in the second edition of his "Therapeutics and Pharmacology," published in 1860, wrote: "Gamboge operates more especially on the stomach and upper portion of the bowels, aloes is well known to direct a peculiar influence to the large intestines including the colon and rectum." After discussing and dismissing various alleged reasons he concludes: "The stomach and duodenum are so constituted as to be especially susceptible to the action of gamboge while they do not feel the influence of aloes; and exactly the reverse may be said of the colon and rectum. We are now in a position to say that gamboge acts upon the small intestines through the superior mesenteric ganglia and aloes upon the large intestines through the inferior mesenteric ganglia."

Hare in "Practical Therapeutics,"

A doctor in Mexico treats measles with but four drugs—two of which—ammonium chloride and paregoric—might be omitted.

The strength of the opposition to the Pure Food Bill now before Congress is setting some people to thinking.

says, "Hey and others affirm that sulphate of magnesia is a purge by reason of its abstraction of water from the intestinal blood vessels," and Hess found that "senna produces a local peristalsis as it moves along"—so that the "black draught" of our fathers, the "salts and senna" of our mothers was none the less efficient because they did not know that magnesium sulphate acted through the sympathetic plexus of Meissner to relax the intestinal blood vessels, and senna through the ganglia of Auerbach to stimulate the muscular fibers of the intestinal wall.

Every one knows that ipecacuanha will produce emesis in large doses, and nearly everyone knows that in minute doses it will sometimes cure persistent vomiting like a charm. This last use we owe to Hahnemann and it certainly is a beautiful specimen of remedial work done in accordance with the law of similars. But Hare says, what is exactly true, that "in obstinate vomiting small doses of ipecacuanha will act as a most successful cure, *provided* that the vomiting is due, not to inflammation or excitement, *but* to depression." In vomiting from irritation ipecacuanha undoubtedly, no matter how small the dose, tends to increase the difficulty.

These facts as to ipecacuanha which is one of our oldest remedies cannot be successfully contradicted and they afford a beautiful example of direct curative effect, incidentally, under the so-called law of similars as is persistently claimed by homeopathic authorities. But unfortunately for their additional claim for this law's universality it is likewise a beautiful example of this law's limitations.

If our friends could be induced to amend their so-called universal law to read, A drug that will produce certain symptoms will cure disease having similar symptoms *when these symptoms are produced by depression,* they would have a law that would win out in the end because of its truth, whereas their present claim for universality for *similia similibus curanter* has prevented and will forever prevent its general acceptance, because of its failure under conditions other than depression.

Having presented a number of drugs in common use among regular school men, I would instance four which at various times have attained a place in the U. S. Dispensatory because of their lay reputations for direct action upon urinary secretion. They are iris versicolor, apocynum, cannabinum, asclepias syrica, and eupatorium, purpureum. They are freely used by the eclectics and homeopaths, but probably owing to imperfect pharmaceutical manipulations they are practically unknown to the regular school man of today, except in a preparation containing the four in combination. Notwithstanding, their proportions in the combination mentioned are not given and are unknown to me.

Among my first experiences was the case of J. M., male, about thirty years of age, whose father died of diabetes mellitus at the age of thirty-five. J. M. had a large quantity of sugar in his urine and his strength had been failing rapidly. As a matter of course I anticipated little if any benefit from treatment but placed him upon the preparation in question without limiting his dietary. In about one month the glycosuria disappeared, and though I kept

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Alcohol has a definite relationship to the development of general paresis, but not as a sole producing cause.—Collins, *Med. Record.*

In fully developed general paresis in no case has intensive mercurialization proved of service in my hands.—Collins, *Med. Record.*

him under observation for several months, did not return. This was several years ago and he remains so well that he acted as captain of one of our lake steamers last year, and during the present year I passed him for life insurance.

The combination has been offered the profession as a remedy for glycosuria and albuminuria, but as any one with any knowledge of pathology would anticipate, it has failed more than once in my hands to relieve, let alone cure, these conditions. At the same time it has more frequently given prompt and permanent relief, as it has in the hands of others.

As a remedy it is prescribed in doses of 15 to 30 drops, but as I have repeatedly taken it in health in two and three ounce doses without appreciable effects, I have concluded that it acts exclusively as an alterative diuretic, though the ganglia controlling the urinary secretion and its marked effects in diabetes tend to confirm Butler's pathogenesis of that disease advanced in his "Diagnostics of Internal Medcine," when he says "probably of nervous origin, possibly referable to the sympathetic system." Notwithstanding the limited field assigned to this combination I soon began to use it whenever I found the urinary secretion deranged, but should I describe the alterative effects upon abnormal urine when albumin and sugar were absent they would be pronounced fabulous, and I have enough to answer for without that. In the absence of exact knowledge of the proportions of the four ingredients of this preparation it would seem to devolve upon the profession to investigate them separately as one of my correspondents claims to be doing; because evidence can be adduced clearly indicating that remarkable curative results can be obtained by using one or more of them in diseases notoriously unamenable to any other known treatment.

The severe losses among ourselves from septic poisoning in recent years make me earnestly wish to press upon the attention of the whole profession the marvelous powers of echinacea angustifolia in its cure. Laymen call it black sampson, cone flower, purple cone flower, etc., in different sections of its habitat, the western United States. Its root is the portion used in pharmacy. A conservative authority states, that "it is the remedy for blood poisoning if there is one in the materia medica," and my experience with it enables me to confirm this view unhesitatingly. I have used it in all cases of septic character happening in my practice during the last twelve years and have three times suggested its use in desperate cases occurring in the practice of as many confreres and each time with success.

It is recommended in doses of from five to thirty minims, but is thought to be non-toxic, and I have repeatedly administered dram doses every two hours for thirty-six and forty-eight hours with nothing but good effect. How can such things be truthfully said of a remedy unless it acts directly through the ganglionic nervous system to control nutrition? My practice has not afforded me an opportunity to test the claims made for it in snake bite and rabies. I therefore hold its use in these conditions *sub judice*. Believing new and useful remedies are not unfrequently injured by too broad claims being made for them I

In pseudouremia of childhood the symptoms present a marvelous similarity to those of muscarine poisoning.—Birchmore, *Med. Rec.*

Pseudouremia of childhood: Atropine and strophanthin; salines; quick reaction, complete disappearance of symptoms.—Birchmore.

have confined its use to septic conditions and as yet have no failure to record against it.

In conclusion I beg to enter an emphatic affimative to the question asked in the title.

George M. Aylsworth.

Collingwood, Canada.

THAT "BAD NEW PILL."

The Druggists' Circular for February takes up with considerable strenuosity our editorial (see December issue) on an objectionable new pill which appeared in the last Pharmacopeia. The *Circular* says that the committee had not thought of setting up therapeutic standards, its function being to set up drug standards and establish formulas. Furthermore, that the new pill has been generally approved by the medical profession, as shown by its widespread use. We quote them in full:

A Bad New Pill. —Under this heading The Alkaloidal Clinic says editorially:

"A little knowledge is a dangerous thing; and the people who place a new pill on the U. S. Pharmacopeia list ought to have much more than a little knowledge before doing so. Under the name of 'pilula laxativa composita' the new U. S. P. lists a pill, consisting of aloin, gr. 1-5; strychnine, gr. 1-130; ext. belladonna, gr. 1-8; ipecac, gr. 1-16; and licorice, gr. 1-2.

"It is a badly-constructed pill. The aloin will pass muster as a rectal stimulant, the strychnine is nearly the proper dose as a stimulant to peristalsis, the ipecac is about right as an incitant of intestinal secretion, the licorice is worthless, and the belladonna enormously excessive in dosage. This remedy as an ingredient of aperient pills was introduced by Brunton, who found that a minute dose removed an obstacle by paralyzing inhibition. Larger doses paralyze peristalsis and hinder the action of the other ingredients of this pill. Were the dose reduced to grain 1-32, or better, replaced by atropine, grain 1-1000, the combination would be much more effective."

The Alkaloidal Clinic should be reminded that "there is nothing new under the sun"—not even this "bad" pill. It is not new; it has been in use by physicians — numerous and reputable — for years. If it is really "bad" the medical profession ought to be so informed, for they adopted it long before the Pharmacopeia took it up.

And if "a little knowledge is a dangerous thing," no knowledge is imminently perilous, and the Clinic has leaned over the brink by showing a large misconception of the province of the Pharmacopeia and its committee of revision. The Pharmacopeial committee has no thought of setting therapeutic standards. Its function is to set drug standards, and to establish formulas. The last are adopted only after the medical profession generally has approved them. "The New Bad Pill" has been generally approved by the medical profession. The widespread use of the offending formula seemed to warrant its official adoption, but for the committee to have changed the formula would not have been so warranted.

The Clinic objects chiefly to the dose of extract of belladonna. This is a question upon which opinions differ, for there is no absolute standard of dosage. Such authorities as Wilcox, Hare, Potter and H. C. Wood state that belladonna in small doses increases peristalsis, but none draws the line beyond which this effect may be reversed. Certain it is that in the minds of some reputable physicians, 1-8 grain of extract of belladonna, in this sense, is a small dose.

As to the licorice being "worthless": If the editor of the Clinic will attempt to make a pill—or a thousand of them—each to contain 1-5 grain plus 1-130

Every alkaloid and glucoside can be used hypodermically if only suitable preparations are available.—Birchmore, *Med. Record.*

Palier contributes a second article on mice and pneumonia to the *Medical Record* for Jan. 27; of absorbing interest.

grain plus 1-8 grain plus 1-16 grain, without some building agent, he will see that *pharmaceutically* the licorice is far from worthless. And the Pharmacopeia is supposed to pay attention to pharmaceutical as to therapeutical considerations.

In consideration of the above, we will gracefully withdraw our objection to the licorice and admit that it may have some pharmaceutic value, although inert remedially; but our objection to the extract of belladonna in the pill is not touched by the *Circular's* argument. A very small dose of atropine aids the action of cathartics by paralyzing intestinal inhibition; but a larger dose goes further and paralyzes the muscular fibers, directly interfering with the action of the other ingredients of the pill.

The dose in the pill, 1-8 gr. extract of belladonna is unnecessarily large for the desirable effect and quite large enough to seriously interfere with catharsis, in many instances. The wholesale use of this pill by the medical profession proves nothing whatever, unless it is that the cathartic elements in the pill are presented in sufficient strength to overcome the effect of the belladonna. The pill would be vastly improved if the belladonna were reduced to at least 1-4 the present dose. This would allow the reduction of the aloin to gr. 1-8, which would give a more effective pill, in smaller compass.

What the pill means clinically to the doctor is what interests us; if the adjustment of the dosage is correct we believe the licorice will work just as well.

A DAY WITH A COUNTRY DOCTOR.

Do not flatter yourself that there is to be anything original in this article, for there is not. It is simply a record of one day out here in the big West where everything is done on a great scale. The farming is measured in miles square and the wheat is weighed by the ton.

I am going to take you out for a drive, and before we get back it will be night and we shall have covered fifty miles of road. Do you see that range of hills away off yonder in the blue distance? Well, below those hills a great river runs, through a canyon so deep, that in your eastern innocence you wonder how man ever succeeded in making a road to its brink. A road, did I say? Well, hardly a road. Simply a wagon trail that winds around the steep hillsides, choosing the least precipitous benches, until it finally terminates at the shore of a broad river which sweeps on its course toward the rolling Pacific. Beside this stream are orchards of apple and peach, whose fruit surpasses even the dreams of your heyday of youth when you dreamed of apples larger and sweeter than any that ever grew upon the gnarled and weather-beaten trees in the old orchard on the farm back in Vermont, or was it Missouri? Any place, it makes no difference. You know the spot that I mean.

There are no autos here. The smell of the gasoline wagon has not permeated this section as yet, but there is a handsome span of blacks coming up the narrow village street, drawing a stout top buggy, and you feel a thrill of anticipation as you note their springy step and proud carriage. Where is the man who does not love a fine horse? All you fellows can drive your "devil wagons" that want to, but for me, give me my handsome span of blacks and a smooth stretch of prairie road to speed them upon, and

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The *Medical Record* calls attention to the value of a therapeutic card-index for the busy practician to fix fleeting items.

A patient asked for a new synthetic hypnotic; doctor had never heard of it, but prescribed it; patient died.—*Medical Record.*

I am content. And so we are off.

We shall take along a small rifle, for the farmer's scourge, the ground-squirrel, is out, and we may enjoy some sport, at the same time win the everlasting gratitude of the grain-grower by slaughtering the pests. It has been estimated that each rodent will in a season, destroy eight bushels of grain. So you see that when we kill one of them we are contributing somewhat to the prosperity of ye sturdy husbandman—if you were to call him that to his face he would probably swat you with a singletree or some other equally appropriate weapon.

The first stop that we shall make is at the home of a recent settler, who has removed from his home in the river bottom lands of Missouri. He drifted into the office the day before and informed you that his wife was "sort of ailin'" and would you stop in the next time you were out that way and see her?

The home is a typical homesteader's cabin, merely a rude shack hastily thrown up of rough boards, consisting of one room only. Into this primitive domicile are crowded a round dozen tow-headed urchins, children of the settler. Upon a rude bed in one corner reclines a woman, the mother of the brood. One glance is sufficient to tell you that the "Great White Plague" has claimed her for a prey. The hectic flush, the sallow cheek, the labored breathing, all tell the story before you have even addressed a word to her. Yet the husband said that she was simply "ailin'".

"What can you do? In the face of a condition like this all the wonderful lore that you learned in college, is naught. What do I do? Simply this: "My dear woman, you are afflicted with a disease that no medical learning can cope with. Live an outdoor life. Interest yourself in affairs of the farm and trust to the wisdom of the Almighty and the pure air of the country to restore you." What more can mortal do? To give her medicine is only to create a false hope that must sooner or later be shattered. Then what, but give directions hygienic, and trust to Nature, the old nurse, to do the rest?

We will now proceed. The road winds over rolling hills, now green with waving fields of grain. The next stop is at a neat little cottage with fruit trees in the yard, and commodious barns for the stock. The stock itself is sleek and fat. Cows with full udders stand knee deep in the grass of the pasture land and chew their cuds in a sort of contemplative mood that is really restful to see. The whole place bespeaks an air of prosperity that always marks the frugal native of the Fatherland. A hearty German welcome greets us at the door, and a mug of ice cold buttermilk is proffered by a buxom German lass, which is very grateful after our long drive over the dusty road. The patient who claims our attention this time is one whom we have just succeeded in pulling through a severe attack of typhoid.

How clean and cool everything is in the sick room. Truly these Germans do appreciate the value of cleanliness. Nowhere, at least out here in the West, do you find a filthy German family. When one of them becomes ill, it seems that the efforts toward cleanliness are redoubled. This, in itself, is sufficient to insure the restoration of any patient, afflicted with an ordinary ailment, to

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Diagnosis: If you see a man killing another, don't interfere until you have ascertained exactly why the murderer is acting so.

Therapeutics: When you go duck-shooting, never fire at a bird until you have made the calculations and know you will get him.

health. The patient, a girl of some sixteen years, greets us with a wan smile when we enter. German is a useful accomplishment in this country and you have reason to thank the old German professor who insisted upon the correct pronunciation of all those hard German words, during your student days, though at the time you thought it something of a bore. To hear this grateful German girl say, "Ich liebe dich", is compensation for all the labor that you ever employed in encompassing the anomalous construction of the abstruse German sentence. [Doctor, are you a married man? —Ed.]

What treatment did I pursue in this case? Why, bless you, the same that I pursue in all of them, antisepsis. Simply that and nothing more. (With apologies to Mr. E. A. Poe.) I have never found it necessary to resort to any other medicament than intestinal antisepsis and hydrotherapy in all my cases of typhoid, and my results have been sufficiently satisfactory, so that I feel warranted in continuing that line. Unfortunately I am not possessed of the keys of life and death and consequently lose some of my patients. In that respect I am radically different from one of your contributors of a few months ago.

The noon hour is drawing nigh, and at the next stop we will ask the good wife for a bite of lunch. This is one of the older ranches in the country and the thrift of the owner is evidenced in the growth of shade trees about the house. A genial welcome greets us as we alight and an invitation to stay to lunch is so pressing that we cannot refuse, even though we were so disposed. An elfin in brown gingham dress and pink sunbonnet is rubbing the noses of the blacks and cooing to them in childish treble: "Good old Star. Nice old Jerry. It has been a long time since you came to visit us." That gives the whole snap away. This is the place that you are in the habit of reaching just about the noon hour, and that little Miss with the saucy brown eyes who is so well acquainted with your team is the sweetest little bit of humanity on earth to you, since the good God has denied you one of your own.

The hired man comes to take your team and you go toward the house, hand in hand with the elf in brown gingham, who is full of news about the farm and neighborhood, to all of which you are a delighted listener. For what is so musical as the voice of a child? Upon a broad, shady veranda is waiting a rustic rocker where you may sit and be cooled by the passing breeze, with the elf upon your knee, and looking out across the broad acres of waving grain, you half envy the happy possessor of all this happiness, and feel in your heart that there is no life so happy, so free from care and devoid of strife, as that of the farmer. Then perhaps you sigh, and the sigh if it were translated into words would say, "Ah, for a life like this one. Oh for a sweet little girl to throw her arms about your neck and call you 'papa.'"

The good wife calls all hands to the mid-day meal. You file into the long, low dining-room and sit at the long table with all the workmen, nor feel in the least out of place. There is none of the shoddy mock politeness of your city function. Every man is brother to every other man and they treat you as brother to them all. There are some who might object to the familiarity displayed in ad-

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Typhoid Fever: If intestinal antiseptics are useless against the bacilli in blood, how silly the hygiene of the house.

Pneumonia: Some recover without treatment or despite it; in many recovery will depend on treatment.—Le Fevre, *Med. Record.*

dressing them as "Doc," but out here it is the term nearest to the heart of these sons of toil. Personally, I had far rather feel the grasp of a horny hand and be called "Doc.," than to be greeted with all the titles of honor ever bestowed by some fawning sycophant whose heart is as false as his conscience.

Dinner over, we bid adieu to our genial hostess and her charming daughter and set out again upon our journey westward. The next stop is at a poor hut, the surroundings of which betoken poverty of the most abject kind. This place is a very striking contrast to the one we have just left. The fences are all sagging down. There is not a shade tree or a rose bush to be seen. The barn for the stock is a miserable makeshift. All about the place is a depressing air of poverty. The interior of the house is but little better. It is a house of but two rooms. In one corner stands a wretched cook stove, in the other an equally wretched bed. Upon the bed lies a woman, frail and wasted; by her side a wailing infant. The persistent cry of the babe sends a thrill of pity through your heart. Rightly interpreted that cry denotes hunger. Poor mother, wasted with fever as she is, she has no nourishment for her infant.

This is a case that makes your blood boil with indignation. This woman was confined some ten days ago, while her husband was away upon one of his drunken debauches. There was no one to attend her but an ignorant old woman who did the best that she knew. The result was what might have been expected where filth and ignorance combined ruled. The brilliant luster in the eyes, the flushed cheeks, the restless tossing to and fro, the knees drawn up to relieve the abdominal tension, all present a clinical picture that can be read at a glance. The husband and father sits stolidly behind the cook stove, nor makes any effort to assist you in any way. Perhaps he does not realize. Let us hope so. The procedure in this case is obvious. We will do the thing that learning dictates should be done, but I fear that we are too late. It is with a heavy heart that we once more take the road. Alas! Life has its bitter as well as its sweet. There are many things in our profession that make us sad.

Now we are approaching the brink of the canyon, and down yonder flows the river, like a narrow silver ribbon upon a carpet of green. Gradually we wind down the steep hillside, from bench to bench, until at last we reach the sandy bottom land that borders the river. Now we are in a vast orchard. On every side lie great fields of fruit trees, laden with their promise of a bountiful harvest. The ways of the country doctor are past understanding. We have come all this way, down that interminable hill, to see an aged Indian woman who is suffering from a broken leg, caused by her horse falling with her. It is a case of charity pure and simple. Yet the doctor feels that he would be false to his vows did he not minister to this poor creature. The smile of gratitude that greets his entrance into the teepee is all the remuneration that he will ever get, but it is enough. How tenderly the country doctor goes about his work. One would think that he was ministering to one born in the purple instead of a poor savage in a dirty and foul-smelling tent.

The work over, we once more journey

Pneumonia: Reason for the old treatment long ago shown erroneous; clinical experience still deems it of value.—LeFevre, *Med. Record.*

Measures found beneficial when pneumonia was considered a local disease, still suitable treatment.—Le Fevre, *Med. Record.*

back up the steep road that leads homeward. The declining sun sends his level rays athwart the landscape and touches all Nature with a soft mellow tint. The sumac bushes by the wayside shine forth in scarlet and gold. The meadow lark is trilling his matin song and the hawk soars in the deep blue of heaven and scans the earth with keen, watchful eye. Slowly we drive homeward in the fading light and our conversation grows more subdued as though in unconscious harmony with the dying day. The country doctor relates in his calm serious way the many incidents of joy and sorrow that come to him in the pursuit of his calling; he tells of his hopes and ambitions, his trials and his triumphs, until as we approach our journey's end, I feel that there may be a worse fate befall one than being a country doctor.

CHARLES S. MOODY.

Sandpoint, Idaho.

ACUTE AUTOINTOXICATION.

The case of Dr. Good of Wilmington, Illinois, "Profound Intoxication," in the February CLINIC, suggests one I had a number of years ago.

The patient, a young lady, would be taken with violent headache, dizziness and nausea, suddenly, wherever she happened to be, passing rapidly into a state of unconsciousness, with the whole body perfectly rigid, and head drawn back, jaws fixed and eyes unresponsive to light or pressure. These attacks always seemed to follow physical overexertion, coupled with the eating of a large quantity of food. The summer I treated her, in which she had several attacks, the food eaten was generally fresh fruit. I don't know how long these attacks might have lasted or what the possible termination would have been without treatment.

The first thing I did was to give a hypodermic of apomorphine, gr. 1-10. The young woman would in a few moments vomit up an immense quantity of undigested matter and shortly regain consciousness, and the spasms completely relax. I followed this with high rectal enemata, until complete evacuation; and then gave a sustaining and tonic treatment. Her skin at the time of the attack was always cold and clammy and the pulse rate about fifty. I have treated several children since in a like manner and with the same results. The symptomatology was the same except that the children always carried considerable temperature with extremely high pulse rate.

The young woman's family history was negative. I believe Dr. Good had a case of profound autointoxication coupled perhaps with a crippled heart-controlling center, dating from the previous meningeal attack. I believe the salvation of such cases, if they have any weakness of the circulatory system, depends on an early and complete evacuation of the stomach and bowels, especially of the stomach.

I attended at one time a young man of twenty in perfect health who had never known a sick day. Family history negative. He was suddenly, without warning, taken with the most violent spasms, recurring every few minutes. In a state of unconsciousness, kicking, groaning, biting, he would fling himself from stomach to back and reverse. These

Difficult to determine to what extent phenomena depend on the toxemia, or on the local condition.—Le Fevre, *Med. Record.*

Pneumonia: Death is the direct effect of pneumococcal activity, not caused by mechanical obstruction.—Weaver, *Med. Record.*

spasms lasted about sixteen hours. I cleaned him out as thoroughly as I could with apomorphine, croton oil, salts, etc. The ordinary sedatives seemed to have no effect so I chloroformed him and kept him under the influence partially until the attack subsided, leaving him terribly exhausted. He has had no recurrence in three years. The afternoon he was taken sick he went hunting, killed two rabbits and cooked and ate them. In about four hours he had his first attack. Do you suppose the rabbits had poisons circulating in the blood derived from the food eaten? This was in the woods along Lake Michigan.

PAUL R. HOWARD.

Anoka, Neb.

—:o:—

Just what caused this acute attack it is hard to say; but "bre'r rabbit" probably contributed his share, not through anything "circulating in the blood" but by adding more material to an already overburdened and ptomain-generating bowel. —ED.

THE ACTION OF SACCHARIN.

Mathews and McGuigan have made a study of the action of saccharin on digestion and metabolism, which is recorded in the *Journal of the American Medical Association*. Their results are summarized as follows:

Saccharin is used in medicine solely on account of its sweetening properties. As we have shown, it has a retarding influence on the action of the digestive juices, especially that of the saliva and pancreas. Its prolonged use would, therefore, tend to produce digestive disorders. When injected into the circulation of an animal, it produces depression and stupor, followed by labored respiration similar to asphyxia. This is evidently due to its inhibitory action on the enzymes in the blood and also in the tissues in general. This action very probably accounts for the headache and other symptoms which follow its use. Like many of the other benzol compounds, it may be considered a general protoplasmic poison, in that it inhibits nearly all the fermentative processes of the body. Consequently it interferes with and decreases the general body metabolism.

The disadvantages connected with the use of this substance are very apparent, and inasmuch as saccharin is useful only as a sweetening agent, there seems no good reason why it should be used except under very exceptional circumstances.

A CHANCE TO HELP A BROTHER.

A physician with incipient tuberculosis residing in Philadelphia is desirous of finding a location west in a suitable climate. He would like to establish a nose and throat practice or make a specialty of diseases of the eye but is ready to work up a general practice. He is German, thirty-six years old and wants a chance. If you know of a good opening, write us and we will communicate with the doctor.

PREVENTIVE MEDICINE AND THE ORDINARY PRACTICIAN.

(Footnote, page 234, February CLINIC).

So? The ordinary practician has little to do with and less knowledge of preventive medicine? Why should he? How would it pay him?

The greater the leucocytosis the fewer pneumococci are found in the blood and sputum.—Weaver, *Medical Record*.

Latest discoveries seem to indicate that the pneumococcus enters the lungs through the lymphatic system.—Weaver, *Med. Rec.*

I am an ordinary, country, backwood's doctor. Preventive medicine was not merely a fad, it was a passion, a frenzy with me. How has it paid me?

After a successful battle, in a case of malignant diphtheria years ago, I suggested housecleaning and disinfecting, and was dismissed with anathamas. Did the Powers That Be uphold me? Did they? Did not the Wise Man, the college graduate, speak in the ears of all the people saying, "Diphtheria is not catching"?

During an epidemic of a typhoid type of fever, did I not succeed in having many tons of the putrid refuse of the slaughter yards and the infected night-soil of a large city, by courtesy called fertilizer, removed from storage in the midst of our little village? The fever ceased. What, besides lasting, bitter hatred, was my reward?

What of that carcass which the buzzards refused and which was buried near the well to fertilize a lemon tree? When that family and two-thirds of their neighbors were stricken with fever what followed my suggestion that the drinking water be boiled if they must use it, as raw mule extract was not considered wholesome? What but insult and scorn and hot anger?

And again did not the Patriarch vow with a great and terrible oath that he would drive me out of the country because I found a possible connection, by way of cause and effect, between a fatal peritonitis and a full meal of chicken, muskmelon and pie, thrust upon an unwilling patient "to give him strength" on the evening of the fourteenth day of typhoid fever? These are but incidents.

When before a young people's society I stated that the Law of Moses, if properly understood, was as perfect a text book of hygiene as I knew anything about; that after a careful study of the Pentateuch I was fully convinced that today, if any people would follow its teaching to the letter in the spirit of truth, that the people would in the very nature of things in four generations be exempt from all the physical ills enumerated in the twenty-eight chapter of Deuteronomy, and that the average longevity would at least be doubled; that Christ said that "no jot or tittle should pass from the law until it be fulfilled," that the laws of health being founded on natural laws could not be fulfilled without being fully kept and that St. Paul's illustrations of his statement that the Scriptures were written "for our admonition upon whom the ends of the ages are come," are as applicable today as when they were written. Also, that many of Paul's sayings, such as "to be carnally minded is death," "who soweth to the flesh, shall of the flesh reap corruption," were literally fulfilled now, day by day, in physical corruption and death.

What a tempest was raised! Did not the Pillars of the church rise up in wrath and declare the Old Testament not fit to be read, and it was gross sacrilege to construe the spiritual statements of the New Testament literally? Did not the Elders shout in concert, "The Doctor's mouth must be shut?" Did they not hire a mercenary to bring false accusations against me with promise of no cost to him and ten times over all my earthly possessions? Did they not suborn false witnesses against me and hail me before a judge whom they boasted would not clear me, no matter where

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All close observers freely admit that in pneumonia the arterial tension is invariably lowered after the first 24 hours.—Weaver.

Pneumonia: All the excretions should be as sedulously disinfected and destroyed as in cases of typhoid fever.—Weaver, *Med. Rec.*

justice lay? And after the farce of a trial. Ah, I can see that gray-haired judge as he cowered and shrunk deep into the great arm chair he called the bench of justice at the gaze compelled from his unwilling purple lips: "I do not see that you have done anything worse than to warn where you thought warning was needed. I have always kept myself out of trouble. I have never warned anybody and I call myself a Christian."(!)

Then, from hence why should not my motto be "Ephraim is joined to his idols, let him alone?" They may open their sewers into their cisterns, drain their stables into their wells, let their dishrag and their milk strainer vie with their swill bucket in sourness, let their kitchen sink reek with bacteria, they may earn the virtue of "smartness" by casting their share of life's responsibility and work onto their fellow brings in a crushing load. They may pollute every blade of grass and every grain of sand by the wayside, as well as the pavements and floors with their foulness, that the woman may have opportunity abundant to fulfil her mission by a constant endeavor to sweep them clean with her flowing skirts. The victims of the great White Plague may feed their poultry and live stock on their surplus tubercular bacilli. Their youth may be led to the gates of destruction that their feet may take hold on the path of Death from which there is no returning. Their blotched and puling offspring may swap marbles and chewing gum with their neighbors of more fortunate birth. They may dress and diet and drug themselves and their helpless children into misery and the grave. Why should I not be dumb? I sometimes (almost, not quite, for I love the light and the truth), wish I were blind to it all.

Preventive Medicine! Thou priceless Pearl of Wisdom! Have I not suffered all things for the love I bore thee? Have they not spoken all manner of evil against me falsely for thy sake? Henceforth thou shalt be enthroned in the innermost shrine of my heart. There will I learn all I may of thy ways and thy words, there will I dream of the day when under thy beneficent rule all needless pain and weakness and ill shall for generations have been forgotten and when if a man die at five score he shall be counted as one who was cut off in his youth.

No more will I cast thee before this swinish herd who trample thee in the mire and turn again to rend me. And yet was it not said of the Great Physician, "He saved others; himself he could not save?"

Surely for five and twenty years I have fought in a good cause. I am not ashamed of my scars. Now I am weary and I fain would rest. Have I labored in vain and spent my strength for naught?

Olive E. Worcester Swan.

Conant, Fla.

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The fight is, indeed, often a thankless one, and one in which the doctor whose motives are of the highest, often gets decidedly the worst of it. But let us thank God that the great mission of the physician is not first of all to make money, nor even to become great in the esteem of his fellows. There is a higher standard, and that most physicians feel this and are true to it is reason enough for pride in our profession. *Ut prosim*—

Reid says intercostal pain is relieved by injecting water into the vicinity of the nerve better than by morphine.—*Med. Record.*

German experience in Africa on the whole favor the protective inoculation against typhoid with Pfeiffer-Kolle serum.

that I may do good. That's the best motto for a physician.—Ed.

SOME EXPERIENCES FROM EVERY-DAY WORK.

Ever since I read your excellent article on "Intestinal Antisepsis" in a late Clinic I have intended to write you and express my appreciation. I believe it the duty of every wide-awake physician to acknowledge true merit and honest effort to elevate the profession, not by the giving of hero medals on the Carnegie plan, but by frank acknowledgment expressed in words of commendation and approval. You are doing a grand work for the profession, and doing more to help along a new era than any one else I know. The Clinic is a lever that is doing more to pry the profession out of a rut than any ten medical journals in the field.

Many years ago I formed an opinion that over ninety per cent of the ills that human flesh is heir to are caused by toxins, either from without or from within, and your motto, "clean out, clean up, and keep clean," has been the keynote to my treatment of the conditions. I secure the intestinal antiseptics in 5,000 lots and in the sanitarium we find them as staple as bread.

Some of the old "mossbacks" in the profession, who never take any medical journal but the ——, would open their eyes if they could realize that such troubles as insomnia, mild cases of insanity, *petit mal* and hysteria are often cured with the sulphocarbolates. I recall one case that I feel as though you might be interested in knowing about.

In 1898 I was practising medicine in Duluth, and one day received a note couched in about the following language: "Doctor, my wife has been under the care of a physician of the old school (Do you know what that means?) for over a year, but is growing weaker all the time and I am afraid is losing her mind. I understand you belong to a new school and I want you to meet me at my house to night at seven o'clock."

I was there and was introduced to a wife who was in bed, a daughter nineteen years of age who "had fits in her sleep," a son twenty-one years of age who was in a business school, but has "such violent headaches every week or two that he was unfit for study for two or three days at a time," and a sister-in-law (sister to the wife) who was considered a "half-wit." I spent an hour in getting the entire family history. Here it is in a condensed shape. The wife weighed about 135 pounds when taken sick a little over a year ago. She was taken with cramps, and had been in bed ever since, and under the doctor's care. The sister had been this way ever since she became a woman. The boy had been troubled with headaches ever since he began going to the high school. The daughter had been having the "fits" ever since she began to be "unwell."

I belong to the school—old or new—that believes a doctor should have his pay, and I asked the man, "What has your doctor bill amounted to in the last year." He answered promptly, "$900 in cash and it's all paid." I then told him I believed I could cure the entire family with the exception of the sister, and I would see what I could do for her, but I wanted absolute control, and would undertake the treatment of them all for

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For shock physiologic salt solution and adrenalin have come to be regarded with the greatest degree of favor.—*Med. Record.*

The pulse rate tells the temperature; the pulse strength tells the general strength; its nature may tell the disease.—Brunton.

a year for $900, half cash on the nail and the balance at the end of the year. (He was a lumber dealer and a good, honest fellow.) He took me at my offer and gave me a check on the spot for $450. I started in that night to earn the money.

The wife, forty-eight years of age, had suffered from constipation all her life, and for the past year her bowels had never moved except when she "took something." She had the appearance of a woman with child at full term. I had a Fairbanks scale brought in from the kitchen and weighed the woman. She weighed eighty-eight pounds, having lost forty-seven pounds in the past year, having been "bed-ridden" all that time. I placed her in a right Sims position (the only position in which you can get the full force of gravity to aid in flushing the colon) and gave her enema after enema until I thoroughly unloaded the bowels. It took nearly all night, and she became very weak and tired before I was satisfied, and begged me to wait until the next day, but I kept her encouraged by the frequent evacuations, and she was finally "cleaned out." I kept her clean with intestinal antiseptics and laxatives to assist the weakened abdominal viscera, and she made a steady and continuous gain from the start. On the third day I got her out of bed, and she weighed twenty pounds less than when I began the treatment. *She had been carrying twenty pounds of hardened feces in her colon,* for God only knows how long, and was attended regularly by a "regular physician of the old school." This woman gave birth to a nine pound boy before the year was up and the father handed me a $20 bill saying that was not in the bargain. Two weeks after the boy was born she weighed 148 pounds, had a clear, fair complexion, ate, slept, and looked well, and said she felt as well or better than she did at thirty.

The daughter inherited a predisposition to constipation, developed late and had always been sickly. She was inclined to obesity, had an enormous appetite, was lazy, and had fits in her sleep about half the time. The other half she complained of having "fainting spells." I gave her a thorough examination and made up my mind it was a case of autotoxemia with changes in the circulation at the periods to cause convulsions, although the "regular physician of the old school" pronounced the seizures a true epilepsy.

I cleaned her out, cleaned her up and kept her clean with intestinal antiseptics, had the father buy her a pony, made her ride ten miles a day, and take care of herself. Made her understand that her health depended on herself, taught her the why and wherefore of her troubles, and she got well and strong; has been a competent nurse in New Orleans this last summer, and is a strong, healthy, womanly woman.

The young man was another case of inherited tendencies, knew nothing about the laws of health, and suffered from constipation and autotoxemia, although the attending physician said this trouble was due to "overwork and hard study."

I cleaned this young fellow out, cleaned him up and gave him intestinal antiseptics, made him drink a half-gallon bottle of lithia water a day (not because I thought he needed lithia water so much

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Heat when continuously applied renders the heart feeble and ready to die; by cooling the patient you cool the blood.—Brunton.

In cardiac diastole, 16 hours of the 24, the circulation is sustained by the tension of the blood inside the arteries.—Brunton.

but to make him drink water) sent him to the gymnasium, taught him how to take care of himself, and the value of water in such cases as his. He too, made a rapid recovery, and now occupies a very important position in one of the great New York life insurance companies that has recently been in the limelight of public scrutiny.

The sister-in-law had been "weak minded, and sickly" for years, and had always been cared for as a half-wit dependent on the sister's bounty. I operated on this woman (she was thirty-six years of age), and uncovered a badly-hooded clitoris, removed a lot of hemorrhoids, cleaned out a stinking vagina, enlarged the opening by tearing through the hymen, and then "cleaned her out, cleaned her up and kept her clean." In this case as in the others there was need of intestinal antiseptics and I used them with entire satisfaction. This woman made an astonishing recovery, developed a talent for lecturing, and is now an active worker in the Epworth League.

Quite a story about intestinal antiseptics isn't it? This man had been paying for treatment by a regular physician who said I was a crank on the subject of autointoxication, and he got $900 a year for it. I lost a good customer, for the entire bill for the following year was $65 for his own treatment for pneumonia, but,—I got every family in the neighborhood.

GEO. D. SWAINE.

Cleveland, O.

"SO SAY WE ALL OF US": EVERYBODY INVESTIGATE!

It is now over one and one-half years since I began using the alkaloidal granules in my practice. Beginning with a few kinds I have gradually increased the number until I now use about 100 preparations and do all dispensing myself. I am a close reader of the CLINIC and have read and re-read The Alkaloidal Therapeutics several times as well as all your other works in the same line.

It is eighteen years since I graduated from Rush Medical College and I have always had a good practice. And yet it happens, too often to suit me, that I fail to get the desired action of the drugs I use. It is true that I get far better results now than before, when I wrote prescriptions to be filled at any druggist's.

So it seems to me that our real dependable knowledge of the alkaloids is not what it ought to be, and with a list of 40,000 subscribers to the CLINIC it seems that it could start a systematic study of the alkaloids. It may be that out of the 40,000 subscribers only 1000 are willing to devote some time to the study and observation of different drugs, but think of what a result we would get from 1000 observing doctors reporting every two or four months.

It could be arranged so that each observer would choose one group of medicines, astringents, anodynes, purgatives or whatever he preferred, then with The Alkaloidal Therapeutics as a guide he would make it a point to note down the *when*, the why and the wherefore, and the results from each drug he gave belonging to his group. Then at the end of each two or three months he would send in a report to the CLINIC and the material thus gathered would form a basis for a future revise of The Alkaloidal Therapeutics.

If we allow all the blood to flow from the arteries into the veins we may bleed a man into his own veins.—Brunton.

The blood tends during life to distribute itself as it does after death; all accumulating in the veins.—Brunton.

Or it could be arranged so that after a certain number of physicians had signified their willingness to take part in these investigations the editors would give each applicant one group of the drugs—or even better, one drug to take observation on. The number of investigators would undoubtedly be so large that several physicians would get the same drug and the observations thus be more valuable.

I have, for over a year, given hyoscyamine in every case where I could possibly see any indication—and in many cases where I could not and the result is that I have learned to value it highly. In fact there are more cases of sickness, where it is beneficial, than where it can do harm. When I go back to my first years of practice, there in Chicago, I remember then the druggist to whom the majority of my prescriptions went, remarked then I seemed to be very fond of tincture of belladonna and tincture of hyoscyamus. My answer was that I found it increased the action of the other drugs [opens the way by capillary dilatation, then restoring vascular equilibrium; you are right.—W. C. A.] When this was true about preparations of such uncertain strength as the two mentioned what will it not be when I use atropine and hyoscyamine. I have not kept any notes of their action but could easily hunt up in my file of prescriptions many cases in which they have been given, but it would be better to begin anew and keep strict observations.

I hope you will excuse this long letter. It is not written for publication, but if the idea of a corps of investigators seems feasible to you, you could issue a call for volunteers in some issue of the CLINIC. The plan could be discussed and if found advisable put in action. If it should be established, and I can be of any use in any way, please call on me. In the meantime I shall begin taking observations on hyoscyamine.

T. A.

——, Nebraska.

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Your idea is absolutely correct; but, much to our regret, our experience so far is that we have to do the most of this ourselves, gathering the best we can, the information that comes to us in unexpected ways, as in this instance. We print your letter, as received (it's a good one) and we hope that the inspiration given to the good hearts of our many subscribers will bring forth some helpfulness. Our readers are all good fellows —all hard workers, but all negligent of going on record with their experiences to help others.

For example, after a lot of pneumonia work, in view of the importance of the subject, the reply to my inquiry to have reports on results gave me many excellent letters, though more lacked the carefully detailed facts which are most important; and yet the work is going on and we feel and know that we are directing and shaping medical thought as no other movement is doing. We appreciate your interest and hope you will keep it warm and lively. We shall do what we can for you and we want you to do what you can for us and the movement. Write often and we will carry your message to the CLINIC family. Won't many others join Dr. T. in this plan of testing our remedies. Let us have a full discussion—and best of all, action.—ED.

The feebler the heart, the emptier the arteries and fuller the veins; vigorous heart action fills the arteries.—Brunton.

As much blood passes through the muscle vessels as through those of both the skin and the intestines.—Brunton.

AMONG THE BOOKS

BRUNTON'S ACTION OF MEDICINES.

Lectures on the Action of Medicines, being the Course of Lectures on Pharmacology and Therapeutics delivered at St. Bartholomew's Hospital during the Summer Session of 1896. By Sir Thomas Lauder Brunton. New York, Macmillan Co., 1903. Price $4.00

The function of the reviewer being to introduce *new* books, it may be asked why we discuss now a work issued three years ago? The reply may be inferred from the fact that the publishers issued the book seven years after the lectures were delivered. Sir Thomas Lauder Brunton has earned the highest possible repute as a therapeutist; an original worker and thinker, not a mere compiler. His work is "meaty." Many a man has won distinction by availing himself of the suggestions dropped by Brunton. This book has been in our hands over a year, and many "footnotes" with hundreds more awaiting their turn for publication, attest our own appreciation of the work and the diligence with which we have studied it.

The last edition of Brunton's great work on Therapeutics published in America appeared in 1889. This we have compared with the present volume. As a whole, the result is a distinct sense of disappointment. While the later book is much smaller and expressed in the easier style suitable for lectures to a class of undergraduates we close it with the feeling that the author has practically stood still during these years, so fruitful in therapeutic progress. Private advices tell the reason—Brunton is so engrossed in the duties of an enormous and lucrative practice that he has not had time for advance work in therapeutics. In the days when civilization will be real, and not a thin veneer covering the underlying ignorance and barbarism, a man like Brunton will choose a wife from the standpoint of posterity and when he reaches his present age, will be surrounded by a group of lusty sons, on each of whom he will confer a share of the duties that multiply about a successful worker; and their young spirits will begin where their sire rests and carry forward his work. There would then be no break, no wasted energies in painfully repeating labors already accomplished.

But what we have here said is from our personal standpoint. To the practising physician who has not studied the earlier editions of Brunton we would say that he is indeed an erudite and accomplished therapeutist who can read any ten pages of these Lectures without acquiring at least ten new suggestions that he can utilize in his daily practice. We would be proud indeed to know of any American work on therapeutics that afforded such a wealth of original practical suggestions, as well based on sound reasoning and acute observation.

KILMER'S EXAMINATION OF INFANTS.

The Physical Examination of Infants and Young Children, by Dr. T. W. Kil-

mer, is a very important little book in the practice of pediatry. The responses to the physical examination of infants necessarily differ from those obtained in adults. This little book calls special attention to it. It contains also sections on stomach lavage, lumbar puncture, and examination of mother's breast milk. Publishers F. A. Davis Co. Philadelphia, 1906. $0.75.

CORRECTION.

We beg leave to correct here a mistake we made in the last CLINIC p. 258, in stating the price of that excellent English book, Hutchinson's and Rainy's "Clinical Methods" to be $1.75, while it is $2.50, and worth all that and more.

HOLT'S DISEASES OF INFANCY AND CHILDHOOD.

The Diseases of Infancy and Childhood for the Use of Students and Practitioners of Medicine, by L. Emmet Holt, M. D., Sc. D., LL.D., is out in its third revised and enlarged edition. It is largely and well illustrated, contains 1148 pages and an index of 26 pages.

If any specialty in medicine is justified, pediatrics certainly is, and for no better reason than that a person must be naturally fitted for treating sick children. And when one is thus fitted he or she must have a large fund of instruction derived from the experience of others, who have first studied and practised medicine of and on the adult. For we cannot begin medical studies with pediatrics, which is evident from the fact that it gives little help in adult medicine. In this respect Dr. Holt's book impressed us as of special value for the general practician, besides its great fulness and admirably clear detail of etiology, symptoms, diagnosis and practice. An admirable book!

Publishers, D. Appleton & Co., 1906. New York and London. $6.00.

ABRAMS' THE BLUES.

The Blues (Nerve Exhaustion), Causes and Cure, by Albert Abrams, A. M., M. D. This book is in its second edition.

In the CLINIC of 1904, p. 322, we recommended the book heartily for both its contents and for its diction. The main emphasis of the author, then and now, is splanchnic neurasthenia, i. e., neurasthenia originating from congested intraabdominal veins. The author's ideas will help us to understand better what the ancients meant by "atrabilious," "melancholy," "black bile," which were misnomers of incorrect theories and misplaced pathology. Dr. Abrams' ideas will be a help in treatment also.

Publishers, E.B. Treat Co., New York, 1905. $1.50.

ABRAMS' MAN AND HIS POISONS.

By the same author and publisher and at the same price is: Man and His Poisons, or as the binder put it on the cover, "Self-Poisoning," the English for "Autointoxication." The book is supplemental to the preceding one, plus a ventilation of the authors' religious, perhaps better said "antireligious" views. Neither space, place or inclination permit us to review the latter. The author knows medicine well, but that does not

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Contract the skin and visceral vessels by irritating the medullar vasomotor center, muscle vessels prevent rise of tension.—Brunton.

In cases of shock the vessels of the intestines are probably more dilated than those of the muscles.—Brunton.

make him a theologian, any more than military generalship makes necessarily a man a statesman. The wise advice of Pliny Sr., "*Ne suter ultra crepidam,*" is to this day true and needed and not followed.

MANSON'S LECTURES ON TROPICAL MEDICINE.

Lectures on Tropical Diseases, being the Lane Lectures for 1905 delivered at Cooper Medical College, San Francisco, U. S. A., August, 1905, by Sir Patrick Manson, M. D.

We have known Dr. Manson's book on "Tropical Diseases" ever since its revised edition in 1900, and have often consulted and still admire it. Between then and now much matter discovered in tropical diseases and their treatment has accumulated, which finds a place in the present valuable volume. It is especially well illustrated. Publishers, W. T. Keener & Company, Chicago, 1905, $2.50.

TRANSACTIONS OF NORTH CAROLINA MEDICAL SOCIETY.

We have been favored with the Transactions of the Medical Society of the State of North Carolina, at its Fifty-second Annual Meeting, held at Greensboro, N. C., May 23-25, 1905, by its Secretary, J. Rowell Way, Waynesville, N. C. We are highly gratified with the papers in it, some of which have been instructive to the writer of these lines. The whole book reflects great credit on our profession in that old and noble state. Is it not right to infer from the book that where physicians associate for mutual edification in the sciences and arts of medicine to which we have devoted our lives, then the profession at large has good cause to be proud of its members; and that when the opposite conditions obtain, the opposite results also obtain? We think so. Go on Brothers, in the same way, but the next time give us some more papers on Therapeutics, which is also a department of medicine.

NIEDERKORN'S HANDY REFERENCE BOOK.

A Handy Reference Book, by Dr. Joseph S. Niederkorn, is for the eclectic physician just what it is named. But it is useful also for the practician of any school if he is a real eclectic and not merely a school eclectic, one whom we would call an eclectic with a small "e." For what non-routine physician has not his own materia medica after he has left school a little while? Dr. Niederkorn's present *multum in parvo* (six and one-half by four inches, 151 pages, flexible leather covers) is a great improvement upon his "Ready Guide to Specific Medication" of 1892, which we have had in our library for many years, and not unused. Publisher, the author himself, Versailles, Ohio, 1905. $1.25.

INTERNATIONAL CLINICS.

International Clinics. A Quarterly of Illustrated Lectures and especially prepared original articles, in all departments of medicine and surgery, by leading members of the medical profession throughout the world. Edited by Dr.

The fall in cerebral blood pressure on standing upright is over compensated by contraction of the arterioles.—Brunton.

A hot water bag over the heart and a hot drink act both as powerful heart stimulants.—Brunton. Milwaukee please copy.

A. O. J. Kelly and a number of prominent men of the profession at home and abroad. Publishers the J. B. Lippincott Company, Philadelphia and London. 1906, $2.00 per volume.

The present number Vol. IV., fifteenth series, is, we think, exceptionally excellent in many illustrations, and not less in its many articles immediately available in daily practice. Take for instance, Dr. Moritz Benedikt's article on Carbolic Acid in Rheumatic Arthritis and tendino-aponeurotic tissues, etc., etc., and we are not mistaken in saying that every third practising physician could make use of it at once. We happen to have known personally Professor Benedikt in the sixties of the last century, as a searching physician who is not confined to magisterial therapy in his practice. The other articles are equally as useful and available. No two dollars could be better invested by any physician than in this excellent volume.

This Quarterly seems to be a happy combination of thorough science and available practice.

A VALUABLE CATALOGUE.

Sharp & Smith, of 92 Wabash Avenue, Chicago, send us their Illustrated Catalogue of High Grade Instruments and Physician's Surgical Supplies. There is a fine index to the book which is often of great use in country practice.

SNYDER'S GLAD TIDINGS.

Glad Tidings (No. 1) How to Obtain Happiness and Health. By John J. Snyder. Second Edition. Published by Goodman and Co., Ravenswood Station, Chicago. 1906. $.50.

This book of a hundred and more pages is an earnest, honest plea by the author for unconditional faith in Jesus Christ in order to obtain happiness and health. It comes in the class of books on what should be termed "religiotherapy," not religiopathy for religion is not a "pathy," a disease. As physicians we cannot safely neglect this phase of the mentality of the present age, which as Felix Adler well said, craves more for material happiness and health the less it believes in the immortality of a future life. From this politely stated accusation religiotherapists of the present are not exempted. It would not be difficult to refute their argument of whatever sect, class or clan they may be, whether positive or negative religionists. But to dislodge them from their notions is next to impossible, because of the lack of humility and the acknowledgment of human limitations in them. And when the human love of gain in the shape of "getting something for nothing" is joined in their propaganda, their case is hopeless. Of this last feature the author of the book before us seems not to be guilty and on that account we recommend it as a psychic study.

FISH'S EXERCISES IN PHYSIOLOGY.

Elementary Exercises in Physiology, By P. A. Fish. Taylor and Carpenter, Publishers, Ithaca, N. Y. 1906. $1.50.

Admirably suited for the laboratory in every respect. The author's endeavor is to impart knowledge and to make it ineffaceable in after life. An excellent book.

The mere tension in the vessels of the medulla acts as a regulator to the heart beats and thus to arterial pressure.—Brunton.

The capacity to reason from cause to effect as shown in textbooks on Practice seems to have died with Niemeyer.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES

ANSWER TO QUERY 5006:—I noticed in the last CLINIC that one of the brethren wanted a prescription to prevent chills in malarial fever. I live in a malarial section where I attend patients with malarial fever the whole year, even in winter, and do not remember of having a patient have more than one chill.

My treatment is calomel, rhubarb, podophyllin, aloin and any other cholagogue that my patient needs, to clear up and clean out the alimentary canal and keep it clean. Sometimes it is necessary to repeat the cholagogue several times, always followed with saline laxative for several days, and give quinine sulphate, strychnine and pepsin. Never give more quinine than the stomach will absorb. The average adult stomach will only absorb from six to twelve grains a day without being irritated. It is absolutely necessary to keep the skin in a healthy, vigorous condition. Nothing is better than a hot water bath with a pure glycerin soap, rub well and dry thoroughly with a rough towel and be careful to prevent cold. By all means give patients acetanilid but anyone with malarial fever it does not hurt to combine with citrate of caffeine. It not only lowers the temperature but very materially shortens the attack by eliminating the poison through the pores of the skin.

I used calcidin in one case of membranous croup with most gratifying results.

W. M. BRADLEY.

Maysville, S. C.

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ANSWER TO QUERY 4699:—Dr. J. T. Murray of Manchester, N. H., suggests the use of enzymol locally in this case. In the treatment of pus cases occuring in diseases of the genitourinary tract this remedy he thinks presents advantages over the curette. It is said to dissolve and digest morbid matter.

QUERIES

QUERY 5007:—"Cardiac Paroxysms." Mr. J. C. is fifty years old, married, American, height 5 ft., 4 1-2 in., weight 155 lbs., complexion indeterminate. Appetite is fair, stomach all right, bowels regular, sleep disturbed. Uses tea and coffee in moderation, neither tobacco nor liquor; he is quite neurotic. His father died at 45 of bronchitis, complicated by spinal meningitis; mother still in good health at 81 years. Fifteen years ago this man had dyspepsia which lasted several years. He has always been subject to violent headaches.

His present illness began about six years ago. He had several spells of vertigo at various intervals, and one day after eating a heavy meal he rose from the table quite suddenly and a minute or two later fell backwards unconscious, cutting his head on the baseboard. He was unconscious for ten minutes, but was not rigid, nor was there any sign of convulsion. He has had no sign of this trouble since. One week after the trouble described above he was sitting in his chair when he began to feel "queer." He felt as if he had "been run-

ning hard and were choking;" his head ached violently and felt as if it were going to fly off. His wife states that his throat was full and swollen and his face pale. Since that time he has been having attacks of that character, which are increasing in frequency and in severity, and which assume two distinct types, which he calls "cyclones" and "choking spells."

The "cyclones" are much the worse. Sometimes they come on insidiously and sometimes suddenly. At times they are ushered in by a severe nervous chill. Beginning in the feet he has a sensation as if the limbs were swelling. This passes up the body until it reaches the head, where it seems as if each heart-beat could be felt like a blow from a hammer. The pain which accompanies this is always heavy and grinding in the head and at times the pain in the body is sharp and lancinating. At times there is a deadly nausea, which he compares to seasickness, but which is unattended with vomiting; also numbness of the extremities. In both these attacks and the "choking spells" he has an uncontrollable desire for ice-water applied to the head, and this seems to give him some relief.

The spells sometimes come on in the day time, but this is not very common. Usually about 9 or 10 p. m. he has one or other kind of attack, after which he sleeps until three or four in the morning, when he has another. During the day he is able at most times to attend to his business, as proprietor and manager of a factory. I examined the patient when he was feeling perfectly normal. There is nothing about his appearance to denote disease. He is a short and rather stout man, with a slightly florid face, and a quiet, pleasing manner. I saw him at about the time of his usual evening attack, but this attack did not occur, and he stated that sometimes when his mind was distracted, as then by my coming, he would miss an attack. After a thorough physical examination I found nothing abnormal except that he had a decidedly irregular heart.

He then went to bed, and I lay down to wait for his morning attack, which came on about 2 a. m. and proved to be a "choking spell." His face and neck were deeply flushed, his eyeballs protruded and he gasped for breath, occasionally emitting a smothered, choking cough and clutching at his throat, where the blood vessels in the sides of his neck stood out larger than a man's thumb and tortuous. This condition lasted for ten or fifteen minutes and gradually left him. A headache and a feeling of weakness were all the resulting bad symptoms.

During the attack described above, his wife applied cloths wrung out of ice-water to his head and neck, as is her custom, and I gave him a hypodermic injection of 30 minims of aseptic ergot, as recommended by Livingston. He said the attack was about as usual.

To me this is a very interesting case, and I submit it, hoping that it may interest others, and that it may call out comments and suggestions which will be valuable to me in treating the case.

G. B. L., Indiana.

The description points to a paroxysmal malady, not continuous unless the spells be regarded as the accumulation of a causal toxin. The most painstaking examination of the chest should be made, the exact condition of the heart made out, and any other cause of thoracic obstruction found. Meanwhile we may well attend to the bowels, empty them and if necessary disinfect; limit the diet to the least possible bulk and avoid all heavy foods; eschew totally solids for a time; collect the urine for twenty-four hours and examine for excretion of solids as well as for albumin and casts; also see if the uric acid is suppressed, as before epileptic paroxysms. Depletion from the bowel by saturated common salt solutions would be advisable. Get rid of vascular pressure as quickly as possible, while

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Our follies give the doctors a chance to indulge in their foibles. If the world seem dismal don't cheer it with a dirge.—*Tribune.*

Many a man is laying blame against the strenuosity of life that should be charged to the slothfulness of his liver.—*Tribune.*

waiting for complete diagnosis. Any man whose heart is playing such pranks needs to have its work reduced to the minimum and that speedily. I would feel like opening a vein were I present at a paroxysm. Your subsequent treatment must be governed by the heart's condition—there may be hypertrophy, but more likely the valves leak and the organ is unable to keep up with its duties. Possibly potassium iodide may give relief quickly—it does these things sometimes.—Ed.

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Query 5008:—"Carcinoma." I sent you a piece of the tissue from the edge of an ulcer for microscopical examination, and the laboratory finding was "Cancer." In the interval I discovered caries and necrosed bone and concluded to operate without waiting for the report. I wrote you of the operation after receiving the report, giving size of ulcer, and also asked if it could be possible you were mistaken in your diagnosis of cancer, as the cavity from the removal of the bone was filling with granulations so nicely, and the ulcer itself had every appearance of healing. Some parts of the ulcer have healed and new skin formed to the extent of an inch or so, but other parts are stationary now and absolutely refuse to heal. The cavity is now filled to about on a level with the surrounding parts and to all appearance looks healthy. The outer aspect of the ulcer is just a little undermined for two or three inches along its border, and along the inner aspect and over the internal condyle for an inch and a half. The skin is soft and flabby and is detached from the underlying tissues to the extent of about 3-4 inch in depth from edges. There seems to be no sinus now leading to the bone and there is very little discharge. Mobility has increased in extent and patient does not complain of much soreness excepting about the edges of the ulcer where it refuses to heal. I have used nothing but "unguentine" for a dressing, after washing with castile soap and water, and cleansing with peroxide of hydrogen. The patient is in fairly good health and goes about everywhere. I have had him on syr. hypophosphites comp. with maltine, and this seems to have strengthened him greatly.

M. G. P., New Mexico.

Under the circumstances and in view of the pathologist's report the sooner the arm comes off above the elbow the better. It is no use dallying with a carcinomatous limb, especially when the lesion takes on the character of this one. It is just possible you might have obtained healing but you would have had a later breakdown. Do not forget, Doctor, the danger of metastasis, and when you do amputate, tie off the arm absolutely and amputate well above the affected area. You might try temporarily, this dressing: Snip away any necrosed tissue or edges which are unsatisfactory in appearance, with a sharp curette scraping out under the undermined borders. Irrigate the whole area with a fairly strong solution of iodine and then with a camel's hair brush and pure medicinal turpentine paint every portion of uncovered tissue. Cover with gauze, smear with unguentine (as you seem to have plenty of the latter) and put on a snug bandage. Renew the turpentine dressing after irrigating with antiseptic solution—preferably peroxide of hydrogen—twice daily and you will find granulations rapidly spring up, that is to say, where the tissues are not cancerous. When discharge has ceased and granulations look healthy, begin to dress by the applied blood method, i. e., sterile bovine blood and iodoform gauze. This is one of the best tests of the curability of the

Better steadily exhibit things you know to be right than prohibit those you happen to think to be wrong.—*Tribune.*

To cast away a virtuous friend I call as bad as to cast away one's own life which one loves best.—Sophocles.

case you can get. If it does not respond to this treatment within ten days the sooner the arm is off the better and we firmly believe that the sooner you do amputate the better it will be for everybody. At the same time give him the triple arsenates with nuclein, two after each meal, calx iodata 1-2 grain, chionanthin two granules every three hours, or, you may give with advantage the antitubercular formula, alternating it, day in and day out, with the triple arsenates. We shall be indeed pleased to hear from you as to the results obtained which we trust may be eminently satisfactory and once more, Doctor, let us warn you not to be caught napping. This is a cancerous case.—Ed.

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Query 5009:—"Ethyl Bromide Anesthesia. Saline Transfusion?" Will you be kind enough to inform me 1st, in regard to the use of ethyl bromide as an anesthetic: How it should be administered (properly) and what precautions are necessary to prevent or counteract probable accidents? I want to use it in place of chloroform on a man, whose sphincter I intend to dilate rapidly; 2nd, please describe the technic of administering saline infusion in case of collapse from hemorrhage or for any other proper cause. I have a Webster's saline infusion outfit, but think I do not understand the correct use of it; which is of much importance to secure success.

C., Missouri.

Ethyl bromide is one of the most satisfactory anesthetics for use in operations which can be performed rapidly, especially if it is desirable to have the patient in a sitting or erect posture. The use of bromide of ethyl, however, is not devoid of danger. Children bear it nicely. An inhaler may be used or a towel, folded into a cone, in the bottom of which a little cotton may be placed. The patient being prepared—everything absolutely *ready* for operation—a dram or two of bromide of ethyl (the writer prefers two to *three* drams) is thrown upon the cotton and the patient is instructed to take long breaths; the face being covered entirely by the cone, anesthesia occurs almost instantly, certainly within thirty seconds and, during the next minute or two, operative procedures may be instituted. In dilation of the rectum, however, recovery is apt to be very prompt and as a matter of fact the operator should have the dilator or his thumbs ready *in* the sphincter and make dilatation the instant the operator says that anesthesia is complete. Chloride of ethyl is also an excellent anesthetic for these purposes, anesthesia being produced in a few minutes and recovery being rapid and unaccompanied by nausea. Chloride of ethyl is used from a glass spray tube, the spray being directed into a cone or inhaler.

The administration of normal saline solution in cases of exhaustion from loss of blood is a very simple matter. Copious enemata often serve the purpose, but intravenous injections may be required in severe cases. Provide a funnel and tube with canula and stop-cock. It should be carefully sterilized and a pint or quart of normal saline solution at a temperature of 110 or 120° F., should be at hand. A vein of the patient, at the elbow, should be exposed and should have placed under it, about one-half inch apart, two catgut ligatures; the distal ligature is then tied and an opening is made into the vein between the ligatures; a canula is next inserted into the opening in the vein, and is secured

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Some temptations come to the industrious; all come to the idle. There is sweet joy which comes to us through sorrow.—Spurgeon.

Corns: Salicylic acid, gr. x; lactic acid, gtt. x; ext. cannabis Ind., gr. v; collodion, drams ij. Mix; apply after hot soaking.

in position by tying the *proximal* ligature. The canula is first filled with the saline solution, and is then connected with a funnel by means of a rubber tube, which is filled with saline solution to displace the air, and upon raising the funnel above the part the solution enters the vein. Care should be taken to see that the funnel is kept well supplied with the solution until a sufficient quantity has been introduced. The quantity introduced is regulated by the condition of the patient's pulse. Saline solution may also be introduced into a vein by means of any sterile syringe when the apparatus described cannot be obtained.

The writer has only used this method on two occasions, finding the introduction of the solution into the tissues (hypodermoclysis) equally satisfactory. The same solution as above is forced into the cellular tissues under the breasts, in the gluteal region, etc., etc., through a large hypodermic needle. A syringe may be used or a reservoir filled with the solution, may be connected with the needle by a rubber tube. Be very careful as to asepsis. Some writers recommend the external portion of the thighs or anterior and lateral portion of the abdominal wall. As much as two pints may be injected with good results, and the operation repeated in the course of a few hours if it seems necessary.—Ed.

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Query 5010:—"Possible Pyelitis Complicating Cystitis." A married lady, thirty-seven years old; she has had no children, though married four years; tall and slender of body. She always has a low temperature (excepting occasionally when she has a slight fever). She has always suffered with what is called "female weakness;" and at present I diagnose her case to be a complication of ovaritis, and a mild form of endometritis and cystitis. I have had her under treatment about ten days, making but little headway. I am using alkaloidal remedies; and as I am succeeding in relieving the lady of the trouble but little, I send you in advance of this letter a sample of her urine, saved from that passed in twenty-four hours, thinking you may be able by this description and your analysis of the sample of urine, to give me a little light as to the real cause of this lady's trouble. I think that in quantity the urine is about normal, but in quality abnormal; that it contains some uric acid, or is affected by it, for which I have no way at present of testing. The heavy aching pains in the region of the ovaries, the fulness, tension and soreness in the region of the uterus and bladder, all being more painful while she is on her feet, are much relieved with hot applications, and resting in a recumbent position. The patient objects to any examination for the trouble before having received further treatment with medicine.

G. W. C., Kansas.

The report of our pathologist has gone on to you and you will note that the urine contains pus in quantity and 8 per cent albumin—the latter however, being probably due to the pus. As you did not state the quantity of urine voided each day we cannot estimate solids, which is of importance. Always state the amount passed in twenty-four hours, taking four ounces from the whole quantity. Now, Doctor, you may have pyelitis here; make a very careful physical examination and report findings. Wash out the bladder with a solution of peroxide of hydrogen (1 to 4), flush with weak boric acid solution and then throw in four ounces of a 1 to 1000 an-

"Why should a man whose blood is warm within sit like his grandsire cut in alabaster?" May be hatching an idea.

Tickling the nose with feather or snuff to excite sneezing was said by Mackenzie to relax otherwise fatal glottic spasm.

tinosin solution. Leave this in for ten minutes and withdraw. Internally the compound formin tablet, one every three hours with arbutin, gr. 1, and a glass of barley water. Give her small doses of calcium sulphide (gr. 1-6) every hour or two and before food, juglandin, collinsonin and eupurpurin, of each two granules. Diet with care. Add brucine to the before meal medication if needed. Hot salt water enemata and, over kidneys and bladder region, hot compresses wrung out of a sol. of magnesium sulphate, oz. 1 to water one pint; adding carbolic acid, gtt. 10. We think this will help markedly. Insist upon full examination, as time is of importance.—Ed.

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Query 5011:—"Albuminuria of Pregnancy." I am sending you a sample of urine for analysis at your laboratory: Lady, age 35. Has always been healthy. Is now about eight or eight and one-half months pregnant. Has never been pregnant before. I have watched her for the past six months as, in her earlier months of gestation, some thought of a "growth" was entertained. I have examined her urine three times, the last time about two weeks ago. Specific gravity good and urea good. Little albumin was present. Yesterday she called to see me and I find a large quantity of albumin. She has given no symptoms of uremia or premonitory signs of eclampsia. Amount in twenty-four hours, three pints. Her back has always been weak and lame as she says. She is well-nourished, and a hard worker. Family history good. Her abdomen is enormously distended and I think she will bear twins. I am unable to detect two fetal heart sounds. I am anxious about her lest she shall have eclampsia. Please make an analysis of this sample and report by return mail. so I'll receive it Friday. Will you suggest treatment? I have her on absolute milk diet. Forcing water also. Warm baths daily. Cathartics and salines to keep bowels active and an alkaline diuretic. She is sure she will be confined in a few days. I'll report case later if anything interesting develops.

L. L. H., Wisconsin.

The report of pathologist shows 48 ounces of urine passed per diem, acid reaction, specific gravity 1021, solids amounting in 24 hours to 1108.8, uric acid 0.04704, 25 per cent albumin, large quantities of granular and hyaline casts, leucocytes quite abundant.

No wonder you are in fear and trembling of this case. Granular and hyaline casts are abundant and *25 per cent of albumin*. Be ready for trouble. Push hard, castor oil, one ounce daily, give salines, small doses of apocynin and sponge baths of a solution of magnesium sulphate (one ounce to the pint), saline enemas, etc., and have veratrine ready. Better bring on labor, Doctor, at the earliest possible moment and you will be wise to have some assistance. Chloroform will be needed here. It is probable that you have renal disease in an advanced form. We shall be pleased to have a report as to the end of this case.—Ed.

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Query 5012:—"Calculi and Cystitis." Mrs. T., age 39, has been passing calculi from the bladder during the last two years. Found them to be uratic. All the symptoms of cystitis, such as pain, increased frequency of urination, blood in urine. Urine, sp. gr. 1020. I have been trying my best to cure her. I am washing out the bladder now; result I do not know, as not enough time has elapsed.

C. F. R., Nebraska.

It is rare for cystitis to exist with normal sp. gr. and acid urine. If you had described the calculi (size and num-

Depressant expectorants cause general weakness and nausea; render pulse feeble; antimony, ipecac and apomorphine.—Brunton.

Antimony has gone out of fashion but it is one of the most powerful expectorants we possess if you know how to use it.

ber) we might form an idea as to the presence or absence of a large calculus. Is the urine brown, smoky or tinged with red blood? Does blood follow urination? Is there pain or difficulty on micturition?

If you are sure these are uric acid concretions—smooth, reddish-brown and hard—give calcium carbonate compound, one tablet every four hours with a glass of any alkaline water; or even better, distilled water. Sodium formate, gr. 2-4 every three hours, with arbutin gr. 1. Saline every morning—one teaspoonful in a glass of hot water—will also be useful. Wash out the bladder with warm boric acid solution and follow (if any catarrhal involvement) with antinosin solution, 1-1000. Allow only barley water or distilled water to drink and give the regular diet for the uric acid diathesis.—Ed.

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Query 5013:—"Calx Iodata and Hypertrophied Tonsils." Kindly advise whether calcidin is known to you to be helpful in hypertrophy of tonsils with recurrent acute tonsillitis; also best method of administration. Will it blacken or otherwise injuriously affect the teeth?

H. G. L., Pennsylvania.

Calx iodata is certainly useful in hypertrophy of the tonsils, many physicians having expressed themselves as more than delighted at the results obtained. It will not affect the teeth. Do not forget to use phytolaccin in these cases in conjunction or alternation with it. Local measures, as careful gargling or spraying of the throat with glycothymoline, should always be instituted and the iodized lime may best be given (subsequent to the use of an alkaline antiseptic) by dropping the powder upon the tongue and swallowing with a few mouthfuls of water. The usual dosage is gr. 2-3 every four hours. Look out for tubercular tendency.—Ed.

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Query 5014:—"Non-Depressant Analgesics in La Grippe." Could you suggest anything that would relieve the pain of la grippe and not be depressing?

R. T. G., Massachusetts.

We would strongly suggest that you always institute the entire alkalometric treatment for la grippe which is as follows: Calcium iodized one to three grains every hour, with two tablets of nuclein will usually abort; allow practically no water for twelve hours. Aconitine, strychnine, atropine and quinine arsenate, one granule of each every half to one hour until sedation and temperature falls; then every one or two hours as needed. Capsicin, one to every other dose. Flush nares with glycothymoline and gargle with same. Attend to digestion, clean out with calomel and salines and keep bowels clean with the sulphocarbolates. Omit aconitine when fever falls, atropine when pain disappears, and leave your patient on three granules of strychnine arsenate, one of hydrastin and two tablets of nuclein before meals, three times daily. See that no constipation follows. Cannabin and atropine may often be given with advantage. Atropine in the regular treatment usually controls pain, but in severe muscular pain bryonin and macrotin may be given together with a little hot water, one granule of each every two hours to effect. Properly treated there is not any great amount of pain present in epidemic influenza.—Ed.

Alkalies increase the bronchial secretion; in tuberculosis for intercurrent pneumonic attacks. Acids lessen mucus.—Brunton.

Potassium iodide in small doses causes great secretion from the nose but large doses do not; 6 grains a day do this.—Brunton.

Query 5015: — "Hyperchlorhydria." Mr. R., aged 36; sparely built; nervous temperament; has been a heavy drinker. Previous health good, with the exception of indigestion. Last November he was taken with pain in the epigastrium two or three hours after eating. Vomiting of food an hour after ingestion occurring at irregular intervals. Tenderness over epigastrium was a prominent symptom; otherwise there was nothing to be learned by external examination.

After washing the stomach, a test meal was given and withdrawn in an hour. Analysis showed HCl, 0.3 per cent; total acidity, 0.6 per cent. Seven hours after ingestion of food the tube was passed and a quantity of fluid removed. Analysis showed free HCl present. Diagnosis: Hyperchlorhydria.

Treatment: Lavage every day, for four days, then every third day for three weeks. Once during the treatment I used a solution of nitrate of silver, thirty grains to the pint. Recovered it and washed out until water came back clear. For several days following this, the patient was weak, easily exhausted, troubled with coryza and diarrhea. He is all right now, with the exception of once in a while his stomach feels hot. Appetite is good but he is weak and nervous. I have him on berberine and hyoscine and 15 grains of sodium bicarbonate one hour after meals. This treatment stopped the burning for four days but yesterday and today the burning has again continued. He wants to go to South Baden, Ind. Do you know anything about the curative powers of those springs? I have stopped washing his stomach and am simply giving him the above medication. His appetite is good and bowels regular.

J. M. C., Nebraska.

If this is an uncomplicated case of hyperchlorhydria, as it seems to be, there is no need of this man's going away from home for treatment at any "springs." The time at which the pain occurs, the diffuse tenderness, the occasional vomiting, the "nervousness," and the high acidity all point to hyperchlorhydria; the only questionable point is the finding of fluid with the tube seven hours after eating—but this was probably fluid only, or what the patient had drunk, with secretions.

Lavage is not needed in this condition and may do more harm than good. Nitrate of silver, is also not indicated in an irritative condition without inflammation. The main treatment should be dietetic, the use of alkalies at the height of digestion and reconstructive treatment generally. In severe cases a milk diet does well, but it need not be exclusively milk. Avoid all acid foods, acid fruits, condiments, alcohol, very hot drinks, in fact anything that may prove very irritant. Insist upon thorough mastication and forbid bolting of the food, or overeating. When well tolerated let him take an abundance of fat, best in the form of cream.

For the pain after eating the alkalies are indicated. Give only when pain appears—which will be one to three hours after eating. Your soda was all right but the dose was too small; give at least half a teaspoonful and repeat if it does not relieve. The soda may be given in milk if preferred. When bowels are constipated magnesia is a better antacid. If there is much irritation or vomiting add bismuth.

This patient needs building up. Brace him with the triple arsenates and nuclein, two granules three times daily. Let him take reasonable outdoor exercise, avoid all nervous overdrafts and quit his drinking.—Ed.

Squill acts like digitalis; stimulates respiration, dries up secretion, increasing the force of the heart.—Brunton.

When lungs are impeded by free watery secretion you may lessen this by giving atropine or acids; greatly relieving.—Brunton.

QUERY 5016:—"Hyperchlorhydria." I have a case of hyperchlorhydria for which I would like treatment. Man, age 35, vomits usually once daily, in the evening, the vomit consisting of water and acid. Usually there is some pain before vomiting. No pain after eating. He has severe pains over the liver by spells, but I can make out no organic disease. Weight decreasing; bowels constipated; pulse weak and irregular. I have given him Fowler's solution, tr. nux vomica, nitrate of silver, pepsin, antacids, chionanthus, cascara, etc. I have limited his diet to milk, eggs, rare or raw beef, but there is no improvement.

H. M. H., Kansas.

This may possibly be a case of hyperchlorhydria, though from your insufficient report we are inclined to think that it is not. You do not say that a test meal has shown any increase in the amount of hydrochloric acid. The only symptom pointing toward it is the sour vomit in the evening. In hyperchlorhydria there are seldom indications for Fowler's solution, nux vomica, nitrate of silver, or pepsin. Neutralize the acidity with an alkali, sodium bicarbonate or better magnesia if there is constipation; keep the bowels regular with anticonstipation granules and an occasional morning dose of saline; quiet any iritation or tendency to vomiting with cerium oxalate, bismuth or the antinausea formula; give an appropriate diet, one which contains large acid combining power. Milk diet is a good starter when there is much irritation.—ED.

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QUERY 5017:—"Chronic Poliomyelitis." I wish to give you the symptoms of a case I have and want you to answer me as to cause, diagnosis, prognosis and treatment. Symptoms are as follows: Muscles of right hand are entirely atrophied. The patient commenced with a pain in her right elbow, not continuously, but it would come and go. There is a slight lateral curvature of the spine to the right. The trouble began two years ago and has gradually got worse. She has no history of syphilis, nor of injury, but I noticed that she got decidedly worse after her last child was born. She does her own house work and is fairly strong. This right hand is fairly strong but the muscles are "gone." Her eyes look good, no unevenness of pupil. Circulation good and heart strong. Reflex normal.

S. M. H., Iowa.

Amyotrophic lateral sclerosis would give loss of *power* and exaggerated reflexes; and lateral sclerosis usually begins by the exhibition of loss of power in lower limbs. Neuritis might have caused the trophic changes, but if so there should have been tingling, burning or pain over course of nerve. The diagnosis here is chronic poliomyelitis (*probably*) and if you carefully note history you will find that this is correct. Note appearance of hands and test reaction to galvanic current, etc. The spinal abnormality of course must be taken into consideration, but what caused it? Look up the family history and see if there is a syphilitic taint. Of course it is just possible that the atrophy of muscles is due to some pathological condition of elbow but we fear (there being no mention of injury or joint disease) that you have a case of progressive muscular atrophy to deal with and the prognosis is bad; sooner or later the disease becomes symmetric and later the lower limbs are affected. The triple arsenates with nuclein and lecithin — one of the latter every four hours and two of the compound tablets of the arsenates with

In old people with congestion at base of the lungs ammonium carbonate gr. x—xx in water is very useful.—Brunton.

No treatment gives more comfort in laryngeal phthisis than the local use of morphine to the larynx; small doses.—Brunton.

nuclein after meals—will be the best medication. Use massage, galvanism and hot baths to limb, and revulsants to spine. A brace might help you. Improve general health in every possible way.—Ed.

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Query 5018:—"Cholelithiasis with Infection of Gall-bladder." I have a case of infected gall-bladder and possibly gall-stones. For many years the patient had had occasional attacks of severe pain in regions of liver, lasting for a few hours or a day. Pain ceased suddenly and generally followed by jaundice. Six years ago she moved from Kansas to New Mexico. She had a very severe attack, lasting for weeks, accompanied with irregular chills and fever. She never fully recovered, and weight reduced from 160 to 85 lbs. She was up and around most of the time but never a week passed without the chill and fever and every few weeks, more or less severe pain. She came to California about a year ago and has gained ten or fifteen pounds.

The patient came under my care a few weeks ago. The chills and fever continue and she had had one attack of severe pain. This has left the region of the gall-bladder over a space as large as one's head very sore and tender. Stools for years have been purely white, though bowels are fairly regular. Appetite is very poor. For the past two weeks I have kept track of her temperature and have found it to vary from 99° to 102° F. —often the latter. Her skin is slightly jaundiced (muddy color), and there are night sweats. No cough, urine normal, excepting that it contains bile. Gall-bladder is at times easily outlined.

T. T. J., California.

Give in this case, sodium succinate one tablet, boldine two granules three times daily at first, then four times daily and after each meal three chionanthin tablets. Every third night, give hourly for four doses, calomel, gr. 1-6 and iridin, gr. 1-6. After six such exhibitions stop calomel and iridin for two weeks, then, repeat. Give a glass of hot water before breakfast each morning with a teaspoonful of saline in it. If this should prove too active, exhibit every other morning. If there is infection in this case rub in Ung. Credé (gr. 30), twice daily; but we fear you may have to resort to surgical procedures. If any treatment will benefit the patient the above most certainly will. For the gallstone colic give strychnine, atropine and glonoin, one granule each, with a little hot water. After the exhibition of these remedies dioscorein, three granules, may be given every fifteen minutes; in some cases the dioscorein alone is sufficient.—Ed.

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Query 5019:—"Autotoxemia." Patient, white, male, thirty-six years of age, married seven years ago, 5 ft., 11 in. tall and weight 160 pounds. Family history good. Present trouble began about ten years ago. The patient was first afflicted with periodic headaches; pain seemed to range from base of skull to forehead. At first they began in the evening and lasted until about 10 a. m. next day, when they would cease voluntarily. Of late years the attacks are more frequent and severe. The whole head and part of the spine is sore all the time, but more so at times. During the last year he has taken all the coal-tar derivatives, heroin, morphine, codeine, etc., and the only drug that has any decided effect is morphine and when he has a severe attack, even the morphine fails, except in heroic doses. The patient's appetite, digestion and assimilation and elimination are normal except when affected by drugs. He uses quite a lot of tobacco (chewing), about one-half pound a week. He has stopped smoking and does not use liquors. By

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There is a real basis for the term stomach cough; the summation of stimuli brings a result one stimulus alone would not.

There is no stimulant to the respiration nearly so powerful as strychnine; two pieces of plate I owe to oxygen.—Brunton.

profession he is a dentist and is a very energetic worker.

Nervous symptoms: Pupils react to light and accommodation, Romberg negative, patellar and other reflexes apparently normal. No anesthetic areas, but one hyperesthetic area along the spine in the lumbar region. Neither the patient nor any of his family have ever been afflicted with venereal trouble.

H. W. J., Kansas.

In spite of what you say as to the perfection of elimination I am unable to see in this case anything beyond the gravity of toxemia, with exceptions at intervals manifested by congestion at the base of the brain and the upper portion of the spinal cord, these being the points of least vital resistance.

We are too familiar with the glibness with which many physicians state that the preliminaries in their mysterious cases have been complete to take much stock in it. A delegation of physicians visited the writer once and asked for help in an epidemic of malignant diphtheria, assuring him confidently that the hygienic conditions were perfect. The inspector who visited the place found a number of water closets draining into the drinking water!

Now, Doctor, have you examined the urine over a prolonged period for total elimination of solids; have you satisfied yourself that the man's stools are free from undue odor and that they do not become more offensive and lighter in color some days previous to a paroxysm? I am so certain that you will find the cause of the difficulty in waste retention, consequent autotoxemia, that I will refrain from further comment on this case. —Ed.

Query 5020:—"Erysipelas; Temperature 109° F. and Death." I have a case of erysipelas in a child three years old, hyperpyrexia and death on third night, temperature 109 3-5° F. Began with vomiting and temperature 103° F. I thought it was coming down with pneumonia for twenty-four hours, and, after emptying bowels, I gave the defervescent compound.

Then a redness and swelling of nose appeared, spreading over cheeks and half way over forehead. I changed to veratrine and pilocarpine (giving hypodermics on account of the vomiting), gr. 1-30 once in fifteen minutes for three doses, then 1-20 for three doses, and then 1-10 once an hour without the slightest moisture appearing on the skin. Frequent sponging with a hot solution of magnesium sulphate reduced the temperature slightly, when it would again rise higher than before, 104 2-5 at 6 p. m., 106° at 9 p. m., 108 1-5° at 12 p.m., 109 2-5° F. and death. When I found the fever at 106° F., I gave glonoin gr. 1-125 every fifteen minutes for four doses, then once in one-half hour with a cold water bag under heart and over the large arteries, with no effect.

The eruption was bright red at first, then it stopped spreading and became paler and of a dusky hue. There was a slight cough throughout the attack. Was the eruption due to infection of the brain or heart center? Let us hear from you through the Journal the best method of controlling these high temperatures. One-tenth grain podophyllin has done the work in adults. I have lost three children with erysipelas within the past five years, each going rapidly along the same road and thought to be due to brain involvement. How may we most satisfactorily treat these cases?

W. F. S., Minnesota.

First of all clean out, not alone the bowel but mouth, nares and fauces; nucclein early and in full doses always; and calcium sulphide to saturation. An

All the applications of strychnine are the direct consequences of physiologic experiment (on animals).—Brunton.

I found in a German book on pharmacology and therapeutics the statement that strychnine was no use at all.—Brunton.

early and full enema of alkaline antiseptic solution is always useful in children. After calomel and podophyllin (or other preliminary alterative laxative) has been given, exhibit saline to flush the bowel and insure cleanliness of mucosa; small doses at frequent intervals will act as a diuretic which is highly desirable. Aconitine (or veratrine according to conditions) with digitalin to control temperature. Add brucine (or strychnine) after first few doses or from start if there is asthenia. Solution of the sulphocarbolates freely till stools are odorless. Locally paint the area freely with ichthyol and swab round the edges with carbolic acid (95 per cent) neutralizing with alcohol in ten seconds or so. Then cover with cotton. Pilocarpine may be pushed if control is not evident promptly. However, if the bowel is opened freely and kept antiseptic; if the local affection is treated as above and aconitine, calcium sulphide, nuclein and a heart tonic are given with oft-repeated saline draughts (sometimes from "bottle," sweetened and flavored) the disease rarely "runs away" with you. The minute control is had, give quinine and iron arsenates and echinacea and keep these up for several days in lessening doses. The right remedies in repeated small doses tell. Ung. Credé has recently given us excellent results; rub in a piece the size of a bean twice daily. Don't forget the free use of antiseptics in mouth and nose.—Ed.

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Query 3021:—If you were limited to the use of twenty-four drugs, which ones would you select? I am asking this same question of several other doctors and expect to use their answers in an article later on.

E. S. J., Ohio.

The modern physician with a reasonably full acquaintance with drug action would feel greatly crippled were he confined to twenty-four drugs. We know today, for instance, that veratrine and aconitine have each their own especial uses in acute diseases with hyperpyrexia. We might, in the same case, use aconitine at one period and veratrine at another. The same applies to the so-called "hepatic stimulants." We would exhibit podophyllin very generally it is true, but iridin would be especially indicated in chronic jaundice—and in the malarial form—also in those cases presenting ascites with duodenal catarrh and obstruction of the biliary ducts. In syphilitic torpidity and dermal diseases, iridin would give us better results than podophyllin, leptandrin or euonymin. Upon the other hand each of these drugs has its own especial use and distinct indication. If we consider the various heart tonics, diuretics, drugs influencing the gastrointestinal tract, etc., we realize that the man with the limited materia medica must obtain limited therapeutic results.

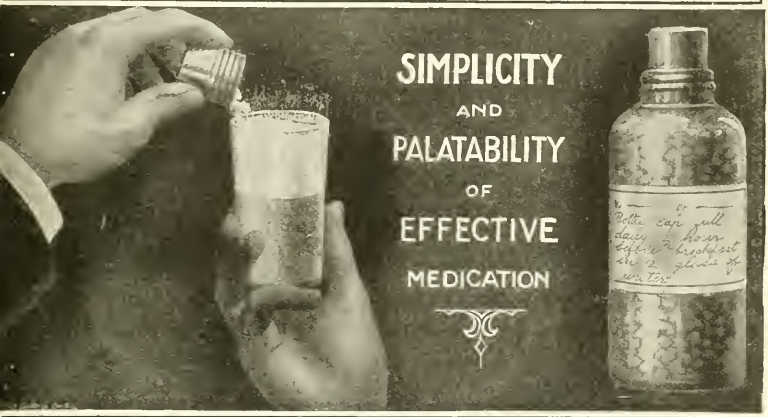
Perhaps the most generally useful selection (considering internal remedies only) would be, in our opinion:

Calomel, magnesium sulphate, sodium sulphocarbolate, digitalin, aconitine, atropine, pilocarpine, morphine, ergotin, glonoin, emetine, ammonium chloride, strychnine, quinine, iron, potassium bromide, veronal, hydrochloric acid, formin (urotropin), potass. citrate (or spt. ether nitrosi), calcium sulphide, calx iodata, nuclein, acetanilid.—Ed.

Oxygen is of very considerable service in pneumonia if one lung only is nearly consolidated.—Brunton.

The time when oxygen really comes to be most serviceable is when one lung is clearing up, the other beginning to solidify.

Akaralgia A Remedy for MIGRAINE



FORMULA

Sodium Sulphate	30 grains	Magnesium Sulphate	50 grains
Sodium Salicylate, Merrell (from natural Wintergreen Oil)	10 grains	Lithium Benzoate	3 grains
		Tincture Nux Vomica	6 minims

AKARALGIA IN MIGRAINE

Treatment of the auto-intoxication by elimination. Unloading the portal circulation and eliminating the poisons through the intestinal canal.

This prescription has been employed in the successful treatment of migraine by a prominent specialist for over ten years. The ingredients of the formula are all well-known remedies. Their purity and palatable combination makes it possible to administer a single daily dose of medicine over a long period of time—frequently several months—without producing the slightest disgust.

Some have said that this is impossible with sodium salicylate, but this salt is our well-known oil of wintergreen product and does not contain the slightest trace of poisons characteristic of the synthetic, made from carbolic acid.

Dr. Wilcox says: "The action of the salicylates in eliminating uric acid explains their usefulness in migraine which is incontestable."

NO ACETANILID IN MIGRAINE---WHY?

The originator of the Akaralgia formula discussing the preventive treatment of migraine refers to acetanilid for the most part to condemn. He says: "Since patients suffering from so chronic a disease attended with so much pain may, to their injury, prefer to resort to these remedies (coal-tar products) for relief during the attack rather than take the trouble to follow the preventive treatment, there is little doubt that many migrainous patients are assisted on the road to chronic invalidism and neurasthenia by the frequent use of headache powders (acetanilid). These powerful headache remedies, if taken in large doses at short intervals, weaken the heart and destroy red blood corpuscles, and thus, by interfering with elimination, increase the auto-intoxication from which the patient suffers.

In the treatment of chronic migraine give one dose (bottle cap) daily, one-half hour before breakfast, which is sufficient in ordinary cases to produce a slight laxative effect. In acute attacks one dose every two or three hours until relieved. Carried in stock by prescription pharmacists throughout the United States.

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PUBLISHERS' DEPARTMENT

THE RELATION OF THE RELIGIOUS PRESS TO PATENT MEDICINES.

The January number of that bright and newsy little publication *Albright's Office Practitioner* contains an excellent article on "The Relation of the Religious Press to Patent Medicines." We quote from the article below:

"The course of disease, unrecognized and neglected, is generally certain and often rapid. When all that human skill has made available has been done, the clergyman is called that he may perform his kindly spiritual offices and gently draw the curtain over the last scenes of the tragedy for which he, or some brother of the cloth, may be responsible. Here he ends what he so thoughtlessly began and establishes further proof, if it were necessary, that 'man liveth not by bread alone, but by every word that passeth out of his mouth.' Writing testimonials for proprietary nostrums may seem a harmless pastime, it may be moderately remunerative and apparently warranted by temporary benefits that have been experienced, due to stimulation, but like the arrow that is spent, it returneth not, but may cause untold regret, remorse and misery.

"Illustrations, like comparisons, are sometimes odious, yet the importance of the subject will warrant more than mere general mention.

"From one of the pigeon holes of our editorial desk we therefore proceed to draw a large roll of clippings, all taken from the only denominational paper for which we subscribe, and which for reasons largely personal is continued from year to year. We enjoy the 'Letters from China,' the 'Notes of Travel,' 'Reports from the Field' and other communications, written in many instances by former playmates, college chums and warm personal friends, whose acquaintance was first made while still we sat on father's knee, twenty, yes almost thirty years ago, but admonitions in regard to religious matters, how to live right and how to die right, are liable to be wasted on what approximates desert air when they are found in the company of reading notices that praise vicious nostrums, seemingly just as sincere and just as truthful, when as a matter of fact they are miserable little penny-a-liners conceived and born in an atmosphere in which deceit and fraud rival for supremacy.

"We open the package and are dazed at the audacious claims made in the full-page advertisements of Vitae-Ore,—Nature's Own Remedy. This is said to be a mineral dug from the bowels of the earth, placed there by the all-wise Creator for the benefit of suffering humanity. For fear of creating the impression of having too great confidence in this dirt, the company promoting it wisely informs the

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Permit us to remind you once more that two tablespoonfuls of Colden's Liquid Beef Tonic, administered ten minutes before each meal, will sharpen the appetite, increase the quality and quantity of the gastric juice, and add tone to the entire digestive tract.
For the treatment of all cases of dyspepsia due to deficient gastric juice and a decreased gastro-intestinal motility, Colden's Liquid Beef Tonic will be found remarkably efficacious. Write for sample and literature. Sold by all druggists.
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Every Physician Has a Perfect Right

To know the composition of the medicinal compounds he is asked by private manufacturers to prescribe for his patients. The present high standard of the medical man's educational requirements makes him, more than ever, a man of science—not a mere dispenser of tablets, extracts, proprietary compounds, etc.

The present attitude of the profession toward manufacturers of "proprietaries" designed for the use of physicians in lieu of extemporaneous prescription-writing and compounding, is a just one: that the formulas shall be known to the prescriber.

If it is reasonable and just that the doctor should be familiar with the composition of medicinal preparations manufactured for his use is it not of similiar importance that he know the exact food value of the various special foods manufactured and put upon the market by private concerns? He requires reliable preparations whose ingredients are known to him, for tissue-building and energy-sustaining work to supplement his specific therapeutic efforts.

The two most important requirements in a food for the above purpose, are—1st, to augment vital energy, and 2nd, to diminish functional effort.

After the question of the therapeutics of a disease is settled, there arises the equally important one of the food material that will best sustain the flagging vitality of the patient, and not over-burden the already weakened digestive and appropriative organs.

To accomplish this a concentrated food is required; one that is so easily digestible as not to tax the digestive organs, but of such wholesome, neutral flavor as to encourage these organs to put forth such effort as they safely can—which is often preferable to the employment of an entirely pre-digested food.

GRAPE-NUTS has been found to meet the above test for many years past, better than any other food upon the market. Doctors should be acquainted with this fact, if they are not already.

GRAPE-NUTS is a concentrated food requiring but a few teaspoonfuls to equal, in tissue-forming, energizing potency, many times its bulk in ordinary foods of various composition. It contains a larger proportion of dextrin (soluble carbohydrates) than any other food made. Comparative analysis shows this to be a fact, and it is the physician's perfect right to know the composition of any prepared food he is asked to order for his patients. It is not a question (as among the robust) of appetite—likes and dislikes of the individual palate—but of replacing the waste produced by the havoc of disease after he has quelled the riot going on within the patient by the skillful and judicious administration of medicaments clearly indicated.

GRAPE-NUTS contains all the proximate principles necessary in the highest form of food—protein, carbohydrates, salts, etc., and its solubility makes it ready for immediate digestion.

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Postum Cereal Company, Ltd., Battle Creek, Mich.

WHEN WRITING TO ADVERTISERS PLEASE MENTION THIS JOURNAL.

reader that Vitae-Ore is not a cure-all, but is only recommended in the treatment of certain diseases, and follows this statement with this list: Rheumatism, Bright's Disease, Blood Poison, Heart Trouble, Dropsy, Catarrh, Throat Affections, Liver, Kidney and Bladder Troubles, Diseases of the Stomach, Female Complaints, La Grippe, Malaria, Nervous Prostration, General Debility, Diabetes, Piles, Sores and Ulcers, etc. A careful reading of this list will not disclose any recommendation of this remedy for corns, bunions or ingrown toe-nails, but otherwise it is fairly complete, but the omission having been noted, it is Not a Cure-all.

"Then follows this elucidating narration which explains the whys and wherefores. Rather convincing isn't it? No wonder Brother Aleck and Sister Sue invest the price of two bushels of potatoes and get a shovelful of this priceless deposit from the bowels of mother earth.

THE DOCTOR'S PHAETON AT YOUR DOOR

is the catchy head line of another advertisement clipped from this church organ. Following it is the statement that it means 'another hole in your savings' and that 'half the physicians' bills you pay might be saved by the use of Fahrney's Vitalizer.' This may be true. After a long term of neglect and self-dosing with some body-racking physic, a large percentage of the sick will be unable to respond to the treatment of the most skilled physician, and the patient soon succumbs to the inevitable. True there may be a saving of half the usual physician's fee, but who claims the other half and more in addition? There is another vehicle at the door now, not a phaeton either; but a grim black conveyance that is poor comfort to the sorrowing family and friends left to mourn.

"Illustration and arguments need not be multiplied further. All publishers are aware of the true facts in this connection and all of them must be conscious of the undoubted wrong they inflict on their readers, yet value the cash receipts more than the consciousness of a duty well performed. There exists a certain moral subsidization that is reprehensible to the remotest degree, no less harmful and detrimental to the general welfare than the real iron-clad contract subsidization over which the nostrum maker rules, and publications that obtain their principal income from subscribers who are religiously inclined but not sufficiently wise to discriminate between a cleverly set advertisement or reading notice, and a purely personal paragraph of the editor, are contracting a debt that may be amazing when the celestial books are balanced and for which there may be perdition to pay."

Let all doctors communicate with the editors of the religious papers they support, calling their attention to the obnoxious advertisements and urge their removal. Remind them that all self-medication is harmful, if not primarily so it is indirectly so in a large percentage of cases in that it favors delay, complicates disease, renders subsequent treatment less efficacious and a cure more difficult if not impossible.

Predigested Food

There is no such thing as predigested food. The gastric juices in the stomach digests the food and Nature only can make them. Nothing can create them as they are a product of the human machine. What is needed in modern life is a food easy of digestion, readily assimilable and of high nutritive value. Such a food is found in

DR. PRICE'S
WHEAT FLAKE CELERY
FOOD

which offers in appetizing form the full food value of whole wheat. Being in flaked form it encourages thorough chewing and readily permits the action of the digestive juices.

PRICE CEREAL FOOD CO., Chicago

. . . ANNOUNCEMENT . . .

REFINED and CONCENTRATED DIPHTHERIA ANTITOXIN

The recent discovery (after years of research in the various laboratories throughout the world) of a practical method of concentrating and refining Diphtheria Antitoxin, has appealed so strongly to Ernst J. Lederle, Ph. D., Ex-commissioner of Health of New York City, that he has been pursuaded to produce Antitoxin after this method, and we are pleased to announce that we have associated ourselves with the Lederle Antitoxin Laboratories as selling agents for this product.

Briefly, the advantages of Diphtheria Antitoxin in concentrated and refined form over the ordinary antitoxin at present on the market are:

First—A reduction in both the percentage and severity of rashes following the employment of Antitoxin, the deleterious substances (serum albumens, globulins insoluble in sodium chloride solution and nucleo proteids) in the serum being eliminated by the process of purification and concentration.

Second—An Antitoxin of double the potency, formerly practicable, admitting of the administration of much larger doses in about one-half the bulk heretofore employed.

Third—The possibility of uniformity of strength of the Antitoxin in the various doses, the definite strength per cubic centimeter being indicated on each package.

The high character of Dr. Lederle and the scientists associated with him in the Lederlie Antitoxin Laboratories, fully warrants our unqualified endorsement of this product and we feel will as well assure the medical profession generally of its undoubted merit.

We earnestly solicit your specification of Lederle's refined and concentrated antitoxin and we invite inquiry concerning the technique employed in its production.

SCHIEFFELIN & CO.

Selling Agents for the

LEDERLE ANTITOXIN LABORATORIES

NEW YORK

Having been sick lately with malarial fever, I have made use of the Waugh-Abbott Intestinal Antiseptic to allay the gastric disturbances generally accompanying this condition and found the preparation very valuable. Shall continue to use it.

——, Texas. Dr. R. L. D.

A RELIABLE ANTISEPTIC.

Campho-Phenique liquid and powder have obtained an enviable position in the medical world as a reliable antiseptic dressing for all cases of minor as well as major surgery. All the advantages of Campho-Phenique Liquid have been carried into Campho-Phenique Powder, so that when a dry dressing is desired, this Powder can be used in preference to the Liquid form of this excellent antiseptic.

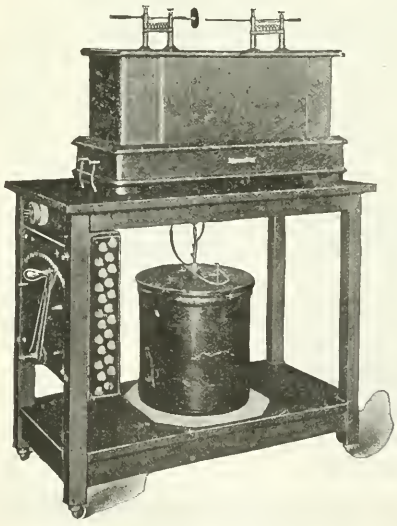
Doctor, it will pay you to look carefully over the advertising pages. You will find much of interest and value. You will confer a favor on the publishers and accommodate the advertisers by mentioning this journal when writing for samples and literature.

Speaking about advertising, Mr. A. W. Hitt, of the Olivine Co., New York City, writes: "We have just discovered that the CLINIC is a 'good thing' and we are getting better returns from our small space than from any other advertising we are doing. We have received a great many requests from physicians who have mentioned THE AMERICAN JOURNAL OF CLINICAL MEDICINE. This certainly speaks well for it, as the ad has been inserted only once."

TREATMENT OF ECZEMATOUS DISEASES—THIGENOL.

An interesting article under this title appears in a recent issue of the *Medical Summary* (August, 1905, page 163), from the pen of Dr. W. R. D. Blackwood. After some general remarks relating to eczema and the various medicaments employed against it, Dr. Blackwood states: "Having failed recently in some bad cases of eczema, I tried a remedy which I noticed a reference to in an article of considerable merit from a writer of good points in therapeutics. I refer to thigenol, the sodium salt of sulphonic acid of a synthetic sulpho oil. Its odor is not unpleasant, but it reminds one of sulphurous acid; this, however, is not apparent on the skin or on the breath after application. One good thing about it is the prompt disappearance of skin irritation, so dreadful in babies. We all know the terrible digging which lacerates the face or scalp of young children who cannot stand the burning and itch. Sometimes the first application has stopped this after a long use of antipruritics.

Although atropine and muscarine have such apparently opposite effects, they both agree in ultimately paralyzing the inhibitory function of the vagus.—Brunton.



THE WW COIL

A Big Money-Maker

Do you know, doctor, that a physician who has this equipment to give X-Ray treatment and to make Radiographs, can easily double his practice in a short while? He is sought both by physicians and patients for miles around.

This cut shows one of our X-Ray Outfits, guaranteed to work satisfactorily and economically on direct or alternating current. In use in three of the large hospitals in Chicago, and by the most noted practitioners.

We are not in the X-Ray Trust and save you 30 per cent.

Complete set of Dr. Snow's Vacuum Electrodes with universal handle, $2.50.

NEW TUBE CATALOG

Watch us smash the Trust Prices

Send for catalog, and "All about X-Ray Apparatus."

Wm. Meyer & Co.

56 Fifth Ave. - - CHICAGO

In the Treatment of
TUBERCULOSIS
Sol. Anti-Phthisis (Lloyd)

has produced such uniformly favorable results that it is now prescribed regularly by physicians who have given it a trial.

Within a short period after beginning treatment there will a be marked decrease, or entire disappearance of the night sweats, the pulse and temperature reduced, the cough markedly relieved, the appetite improved, and nearly always a gain in weight.

This Preparation is Strictly Ethical. Formula on Each Bottle.

Reports from physicians show patients have been greatly benefited, and a few cases are reported "Practically Cured."

Have been using Sol. Anti-Phthisis (Lloyd) in several cases of tuberculosis, the results are beyond conception. In the first and second stages, cough disappears with increase of weight; appetite becomes good with a relish for food. Reduction in temperature and pulse are marked. The third or last stages are greatly benefited.

Have never seen anything equal it in my forty years of medicine.

You may publish to physicians only, as they should know it.

(Signed) E. H. SKIPWITH, M. D.

Boswell, N. M., April 2nd, 1906.

Having used your Sol. Anti-Phthisis (Lloyd) for the past seven months it gives me great pleasure to report the results; and, therefore, recommend it to the medical profession to be used in pulmonary affliction. The most excellent results can be obtained, especially in early stages.

(Signed) J. N. THRESH, M. D.

Danvers, Ills., April 2nd, 1906.

FORMULA.—Sol. Anti-Phthisis (Lloyd.)

Each fluid ounce contains. Terebenum, 10 m.; Hydracetin, 1-2 gr.; Guaiacolvalerianacetate, 20 grs.; Caffeina Citrata, 20 grs.; Acidum Nitricum, 1-8 gr.; Acidum Chromicum, 1 gr.

Dose—1-4 teaspoonful, to be increased or decreased according to physician's instructions.

Maximum Dose—Highest with safety, two teaspoonfuls three times a day.

The above Formula contains nothing that would be conducive to Cerebral or Cardiac Depression. Put up expressly for the physician's use, under whose advice and care it is to be taken.

NOTE—Hydracetin must not be confounded with Hydrastis and Hydrastinia.

Guaiacolvalerianacetate is a combination of Guaiacol Carbonate, Guaiacol Ethyl, Valeric Acid and Acetic Acid.

Chromic Acid.—After several years of study and labor we have been able to combine Chromic Acid as well as other Ic Acids, making a safe and sure germicide, which is not harmful and is very efficacious.

Literature and 3-oz. sample sent prepaid on request, if mention is made of this Journal.

J. Q. LLOYD CHEMICAL COMPANY

ST. LOUIS, MO.

A QUERY AND A REPLY.

I am repeatedly asked by my patients why I do not have an electrical equipment, such as an x-ray, high-frequency and static outfit. I find this somewhat embarrassing at the present time and would like to know of a plausible excuse to make.

When the x-ray was first discovered I always said I did not care to experiment and would wait until it had passed an experimental stage. Then later when this excuse began to grow stale it was found that the x-ray produced burns and that unless used with some caution was dangerous, so that I had a new excuse in referring to the danger of x-ray burn.

A great many reputable practicians have gone on, however, getting good results without detrimental effects, and to say that the x-ray has not passed the experimental stage or that it is dangerous is something that even the average layman does not readily accept. It does not sound well to my patients to tell them I am ignorant upon the subject and cannot use an outfit on that account, or that my practice is not lucrative enough for me to stand the expense. If you will outline a first-class excuse for not having an up-to-date outfit in electro-therapeutic work it will be highly appreciated.

Reply.

We cannot give you any good reason or logical excuse that any physician in active practice can make for not using the most efficient method or treatment in the cure of any special disease, and the practician who is not properly equipped to render the best possible treatment in the case, the only thing he can do in justice to himself and the patient is to refer the patient to some other practician who is properly equipped.

If your patients ask you why you do not have an electrical equipment, the best answer you can make to save yourself in their estimation is that you are referring all such cases as require electrical treatment to your colleague who is equipped for that kind of work. While this will save you in the estimation of your patient it will not save your practice, and if your practice is not lucrative enough for you to afford the expense of an outfit it may be largely due to the fact that too much of your work escapes to someone else.

A SPECIAL COURSE.

A special anniversary course will begin May 7th at the Illinois School of Electro-Therapeutics, 35 E. Randolph St., Chicago. Special instruction for the entire month of May is given for the price of a two-weeks' course, with increased teaching and clinical facilities. Catalog and complete information will be sent to any physician on request.

The right vagus has usually a greater power to arrest the heart than the left.—Brunton.

WOMEN IN PREGNANCY

For nausea in pregnancy, for convalescents, and for patients suffering from general gastric disturbances, Physicians will find an Exceptional food in

BURNHAM'S CLAM BOUILLON

BURNHAM'S CLAM BOUILLON

(Absolutely Free from any Preservative)

Physicians are harassed to find a food that will be acceptable and appeal to the patient's appetite. In such emergencies ***BURNHAM'S CLAM BOUILLON*** is a decided change from the ordinary delicacies for the sick room. It is enthusiastically welcomed, as the average Physician knows the value of the juice of the clam as a beverage, as strengthening and tonic in its effect, both to the stomach and the nervous system. An especially attractive feature about our goods is that they are bottled in glass, being sold in pints and half pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sick room. All the leading apothecaries and grocers sell it.

Manufacturers and Packers,

E. S. BURNHAM CO., *53 to 61 Gansevoort St., New York*

DR. W. J. ROBINSON

EDITOR DEPT. OF **Dermatology, Venereal and Sexual Diseases of this journal--"Clinical Medicine"**

Is Editor of that unique publication

"THE CRITIC AND GUIDE"

The "Critic and Guide" occupies an absolutely unique position in medical journalism. Is in a field entirely its own. It matters not how many journals you are receiving you will want THE CRITIC AND GUIDE when you see it.

It is in a class by itself.

It has few of the stock features of other journals.

It has done more in three years to throw confusion into the ranks of the patent medicine frauds than all other journals combined have done in three decades.

It is loved by the good, it is feared by the wicked.

The Editor says what he wants to say without beating about the bush and without reference as to what Mrs. Grundy will say or think. And it is good stuff, too.

Special articles on prostitution, venereal prophylaxis, the question of conception and kindred topics.

The sexual question handled without gloves: boldly, honestly, without salaciousness and without pruriency.

It is one dollar a year and it is one of the few journals that are worth more than their subscription price.

There is enough matter in THE CRITIC AND GUIDE to interest any physician, be he college professor or humble practitioner, and you ought to let us add your name to our list of subscribers.

Won't you do it? See special offer below, which expires July 1st, 1906.

SPECIAL SUBSCRIPTION OFFER TO READERS OF "CLINICAL MEDICINE."

TWO YEARS FOR ONE DOLLAR

To *The Critic and Guide:*

Enclosed find one dollar for which please send me THE CRITIC AND GUIDE for two years.

Name_____

Address_____

. . . . ADDRESS . . . .

CRITIC AND GUIDE, 12 Mt. Morris Park West, New York City

A WORTHY WORK.

Help along the pure food bill now pending in congress—unless, of course, some friend of yours can make a few dollars more by selling imitation foods and poison-mixed victuals to an unsuspecting public. In case you should feel sufficiently animated by patriotic or humanitarian feelings to rise above financial gain and favor the cause of honesty and humanity, then exert your efforts to help pass that bill. Get after your congressman, and keep after him until the work is done.

AN ELECTRICAL OUTFIT.

Physicians who have the alternating current in their office, and have heretofore been compelled to use a set of from 40 to 60 cells battery for getting a galvanic from their wall plate, will be pleased to know that a new rectifier has been brought out by Wm. Meyer & Co., Chicago, one that will rectify the alternating current into a direct current adapted for galvanism.

The apparatus is noiseless, inexpensive to maintain and requires no care.

It can be used on any alternating current and will give a direct current of one ampere at about 85 volts.

The action of barium and veratrine may be very similar, but veratrine is much the more powerful.—Brunton.

ORCHITIS.

In orchitis support the testicles and apply hot Antiphlogistine. If covered well with absorbent cotton the results are very gratifying.

THE "ONLY ONE."

If I had to dispense with all my journals but one, yours would be the *"one,"* as am delighted with the many practical points it contains.

Dr. Everett A. McCosh, 549 Baker St., Detroit, Mich.

The inhibitory nerve fibers affect the period of repose while the accelerators affect the cardiac systole or contraction.—Brunton.

It is not improbable that the inhibitory and accelerator nerves affect one, the ganglia, the other the cardiac muscle.—Brunton.

—

Thuja has checked hemorrhage from malignant growths, hemorrhoids by (hypo.), and has given temporary relief at least in vascular and prolapsed rectum.—Felter, *Lloyd's Bulletin.*

—

Many soft growths like warts and granulations have been benefited by persistently repeated applications of thuja.

Thigenol Roche

Sodium salt of the sulphonic acid of a synthetic sulpho oil.

The one Soluble Sulphur Compound that is odorless on use.

A New York specialist in skin diseases (name omitted by request) writes:—"Thigenol apparently has the same good effects as ichthyol; in some instances, its soothing, antipruritic qualities seem to be greater than those of ichthyol."

Thigenol is employed chiefly in skin diseases and gynecological affections.

Digalen

Digitoxinum Solubile Cloetta.

A Distinct Advance in Digitalis Medication.

The most active glucoside of digitalis is now procurable in soluble form. Digalen may be employed per os, per enema, and by intravenous and subcutaneous injection. May be used wherever digitalis is indicated.

Marketed only in solution, because of infinitesimal dosage, in ½-oz. vials.

Thiocol Roche

Potassium Guaiacol-Sulphonate.

A Soluble Form of Guaiacol.

Odorless: non-irritating; readily assimilated.

Clinical reports, published during the past seven years, indicate the value of Thiocol in incipient tuberculosis, bronchitis, winter coughs, typhoid fever, pneumonia, malaria.

Procurable in three forms: Powder; 5-grn. Tablets; Syr. Thiocol Roche.

Airol Roche

Bismuth Oxyiodogallate.

Odorless Wound Antiseptic.

"I have had marvellous results with Airol, and shall continue to use it in preference to iodoform," writes a physician of Holland, Indiana.

For samples and literature:—Mark the name of the medicament of which you desire a sample; cut out this ad, and mail it to us with your address.

THE HOFFMANN-LaROCHE CHEMICAL WORKS, 51-53 Maiden Lane, New York.

A1

PURE MILK FOR INFANT FEEDING

¶ No secretion is more susceptible to contamination than milk. To secure pure milk---safe milk for infants---the beginning must be made with the cow. It is of much import whether cows are stable-fed on slops, garbage and impure water. or whether they are allowed to graze in rich pasture lands eight months of the year and be in the open even during the winter season.

Highland Brand Evaporated Cream is obtained from finely bred cows, living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

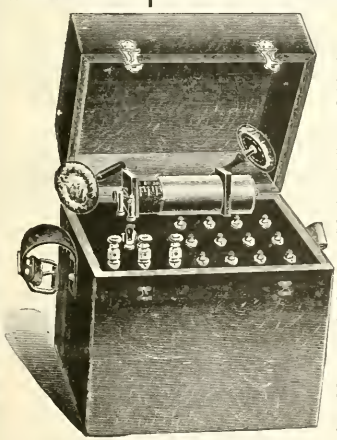
Samples and literature sent on request.

HELVETIA MILK CONDENSING COMPANY,
HIGHLAND, ILL.

Williams' Improved Combined Faradic and Galvanic Battery No. 3

WITH DIAGNOSTIC LAMP

OPERATED BY 12 LARGE DRY CELLS OF STANDARD SIZE



We have recently enlarged our Combined Battery No. 3, and it is now equipped with 12 **large** dry cells of the very best quality. These cells will give as good service as wet cells, are much cleaner and less troublesome in every way. The battery is so constructed that **cells of any standard make can be used in same.**

THREE BATTERIES COMBINED IN ONE.

A first-class faradic coil with long, fine wire secondary, strong enough for any work, operated by two large dry cells.

Ten large cells for galvanic work, such as removing facial blemishes, treating strictures, cataphoresis, etc.

A diagnostic lamp for examining throat or other cavities.

The attachments furnished with this battery, without extra charge, are: 2 sponge electrodes, pair extra long silk-covered conducting cords, a bifurcated cord, font plate, needle holder, needles, epilation forceps, diagnostic lamp and cords for same, and a copy of the little book "Suggestions and Directions for Treating Disease with Faradic Currents of Electricity."

SPECIAL OFFER:

To introduce this Battery we will for a limited time allow physicians a Discount of 25 per cent, thus making the net price only $18.75, and in addition to the attachments mentioned above, we will send a urethral electrode, four olives, uterine cup and rectal ball. Electrolysis is the cleanest, surest and most scientific method of treating stricture of the male urethra.

SENT FOR FREE INSPECTION.

Physicians who prefer to see the Battery before paying for it, can have it sent to them C. O. D. $18.75, with privilege of examination. All express charges will be prepaid, and if it does not suit, it will be returned at our expense.

Our catalogue No. 21 which describes all our faradic and galvanic batteries and electrically-lighted instruments, will be sent free on application.

PRICE $25.

PERCY WILLIAMS, Manufacturer

Established 1880 Office and Salesroom: 6 Barclay St. NEW YORK, N. Y.

The greatest value of thuja is for the relief of urinal dribbling of the aged, and the young, provided paralysis does not exist in the former or preputial adhesion or phimosis in the latter.—Felter.

Thuja is a remedy for atonic amenorrhea when the genital tissues are flabby and lifeless.—Felter.

An indication for thuja internally is when the urine is easily expelled on coughing, sneezing or muscular strain.

Internal hemorrhoids may be effectually treated by first washing out the lower bowel with a hot (100° F.) solution of two ounces Glyco-Thymoline to the pint, and following this with two ounces of a fifty per cent solution to be retained till absorbed.

WARNING.

A man by the name of J. F. Cook is traveling all over the United States calling himself general agent for Frank S. Betz & Co., and borrowing money from every physician who will loan him from $5 to $75. The medical profession is cautioned against this man, as the Betz Co. have no agents.

CROUP.

My experience with Calcidin is confined to two cases: One "membranous croup," which terminated in prompt and unexpected recovery; the other, and the one for which my last order was given, was croupous pneumonia, with such severe cerebral symptoms as to warrant the fear of impending meningitis. This case has also recovered. I shall give this remedy further trial.

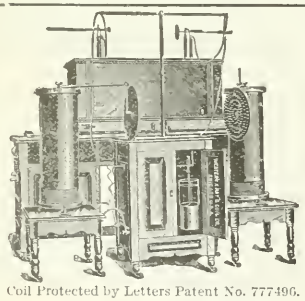
——, Georgia. DR. J. S. H.

"AS LIGHT AS A FEATHER."

The Spinal Appliances supplied by the Philo-Burt Co. of Jamestown are made to the measurements taken by the family doctor. Lightness, flexibility, freedom from bulkiness, ease of adjustment and of removal for bathing or for examination, perfect extension and corrective pressure without giving pain, chafing or causing annoyance are some of the features claimed for these appliances. Illustrated literature will be sent free to any physician addressing the Philo-Burt Mfg. Co., 13-16th St. Jamestown, New York.

OPENINGS FOR PHYSICIANS.

We are advised by the Immigration Dept. of the Chicago, Rock Island and Pacific R. R. that they have a good list of "openings for Physicians" in towns along their line and will gladly furnish to any physician interested, complete information and the names of reliable parties to write to concerning the openings. When writing please mention this journal.



Coil Protected by Letters Patent No. 777496.

THE WESTERN X-RAY COILS,

RESONATORS

AND

INTERRUPTERS

Were given the

HIGHEST AWARD OF MERIT

at the Louisiana Purchase Exposition for Superiority. The most eminent Electro-therapeutists indorse **Western** coils as being the best on the market.

WE THOROUGHLY GUARANTEE every **Western** Coil against breaking down or burning out for a period of Five years.

Send for most complete X-Ray Catalogue published. Correspondence solicited.

Western X-Ray & Coil Co., 92 and 94 Lake Street, CHICAGO, ILL.

TELEPHONE 6239 CENTRAL

CHICAGO LABORATORY

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1504-126 STATE STREET - - CHICAGO

The one distinctive feature of

Gray's Glycerine Tonic Comp.

is its uniform efficacy in debilitated patients of all ages--the child, the adult, the aged. It improves the appetite, creates digestive vigor, promotes assimilation and--most important--has no deleterious after effects.

Gray's Tonic has become the standard remedy for anaemia, malnutrition and nervous exhaustion, from whatever cause.

THE PURDUE FREDERICK CO., 298 Broadway, N. Y.

ABOUT FORMULAS.

We are pleased to announce that in accordance with the policy of this journal many formulas (so far as essential drug-constituent is concerned) will be published in next and succeeding issues. We find our advertisers quite ready to accord our readers this courtesy, and we hope that in return all will see that justice is done each one. If their goods are good and true and you have need for them use and recommend them, and always, when writing the advertiser, mention CLINICAL MEDICINE.

Every honest manufacturer making and consistently presenting an honest preparation, the essential drug-constituents of which are not concealed from the doctor, and which as a remedy for dangerous disease is not advertised to the laity, thereby defrauding the doctor, is entitled to tell his story to the medical profession—to present the merits of his case and we invite him to do so through CLINICAL MEDICINE, thereby reaching more doctors and doing more business with a dollar than he can, we believe, in any other way.

That there is considerable similarity in kind, however, between the action of the vegetable alkaloids and inorganic salts is shown by the fact that the action of veratrine may be neutralized by potassium chloride.—Brunton.

The Therapeutic Value of Champagne

is best exhibited by

COOK'S Imperial CHAMPAGNE

Particularly adapted to medicinal use. An excellent and agreeable stomachic in atonic dyspepsia and during convalescence.

Tonic, Stimulant and Nutritive.

AMERICAN WINE CO., St. Louis, U. S. A.

ANALYSIS:

	Per cent.
Alcohol (absolute by wt.)	9.03
Total Dry Res.	8.30
Min. matter	0.140
Total Acidity (as tartaric)	0.840
Fixed Acidity (as tartaric)	0.453
Volatile Acid'y (as acetic)	0.310
Glycerine	1.083
Grape and Fruit Sugar	5.900
Sulphuric Acid	0.005
Phosphoric	0.014
Real Tartaric	0.148

Duotonol Tablets

(Schering's Glycerophos. Lime and Soda)

Quartonol Tablets

(Schering's Glycerophos. Lime, Soda, Quin. and Strych.)

Sextonol Tablets

(Schering's Glycerophos. Lime, Soda, Iron, Mang., Quin. and Strych.)

Readily Assimilated Blood, Nerve and Tissue Nutrients Supplying the Exhausted Cells with Organic Phosphorus

Far perferable to bulky, unstable, expensive elixirs and syrups which contain undesirable ingredients (alcohol, glucose, etc.)

Abstracts of reports by Robin, Bardet, Dercum, Quackenbos, Gay, Jolly, Williams, Harris, Huchard, Davis, and Many others, from

SCHERING & GLATZ

58 Maiden Lane NEW YORK

MATTHEWS MEDICAL BOOK EXCHANGE

OF GREAT INTEREST TO BOOK BUYERS

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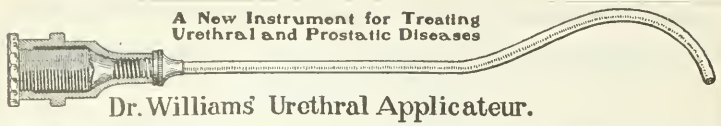

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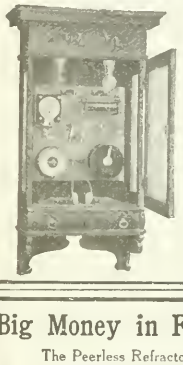

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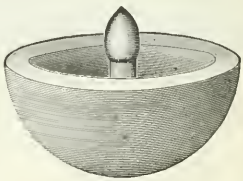

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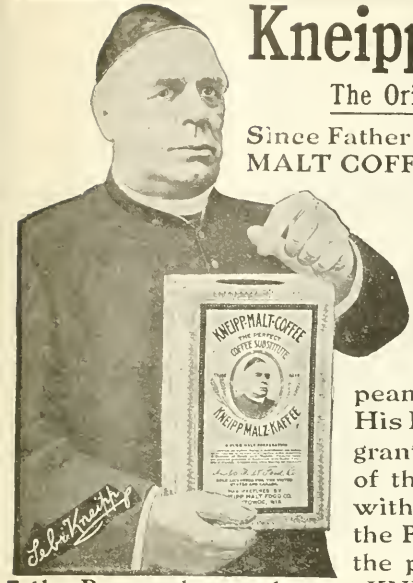

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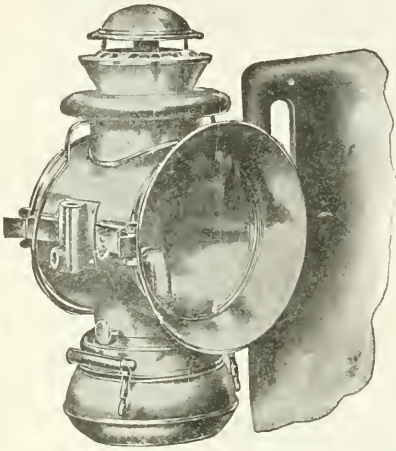

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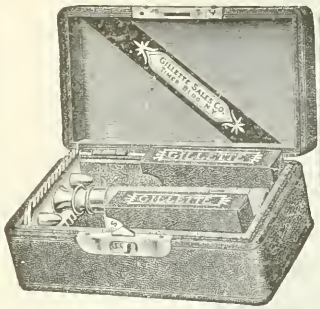

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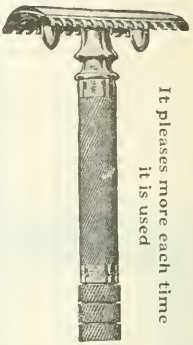

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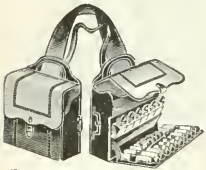
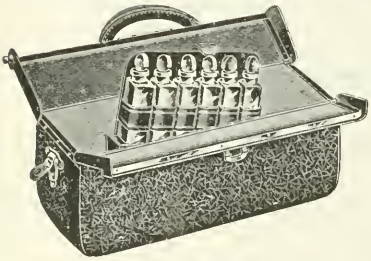
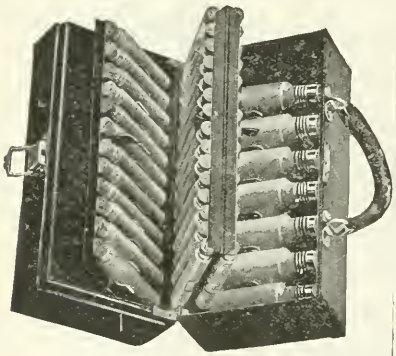


Fig 1 is Fig. 2 in Saddle Bag Form. One side open.

Fig. 2 is Fig. 1 in perfect Hand Case Form, closed





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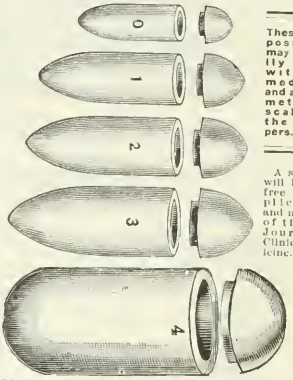

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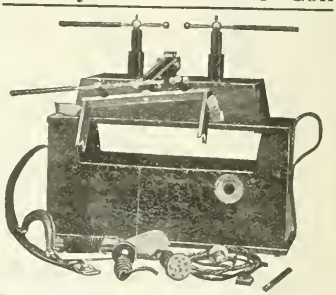

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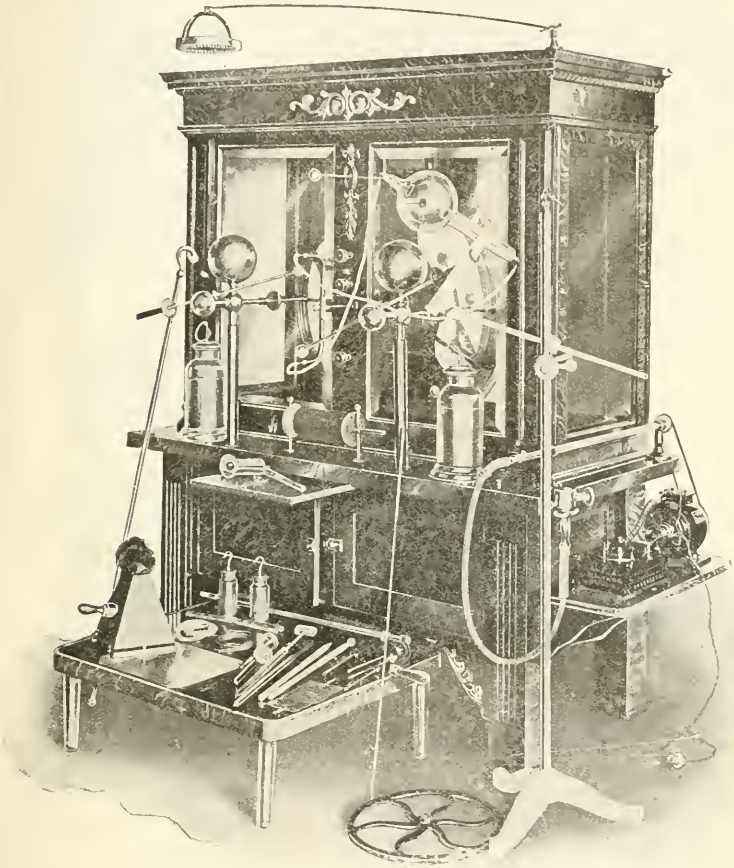

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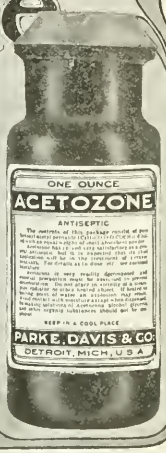

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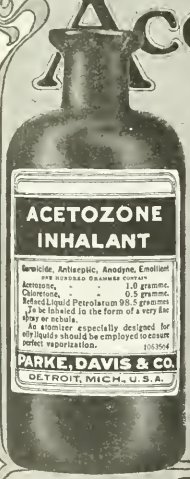
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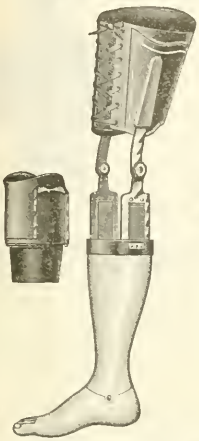

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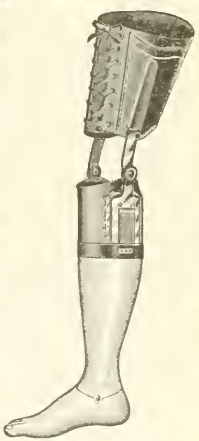

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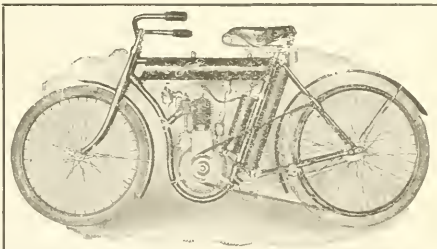

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Alcohol (Ethyl)	7.66 "
Water (by Difference)	71.92 "
Total Ash	1.46 "
Lithium Oxide	0.50 "
Formaldehyde	5.62 "
Acidity 100 cc equals 6.4 cc Normal Alkali	
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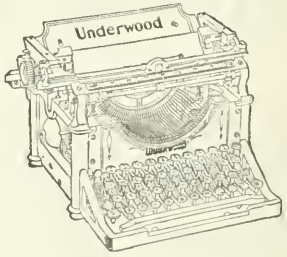

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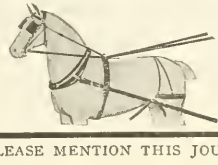

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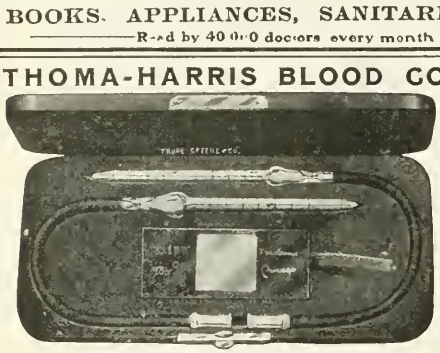

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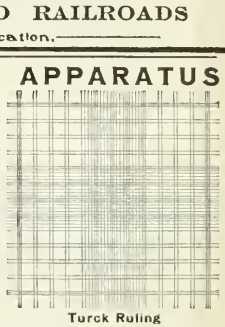

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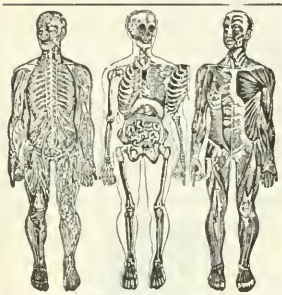

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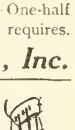

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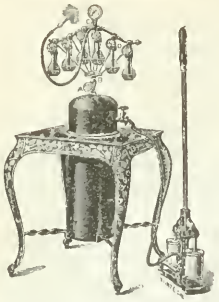

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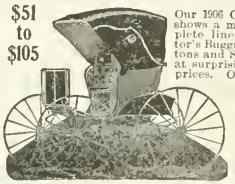

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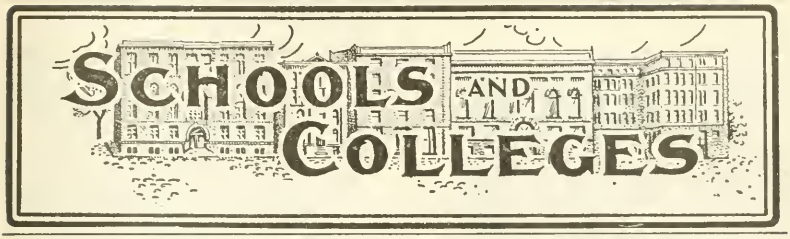

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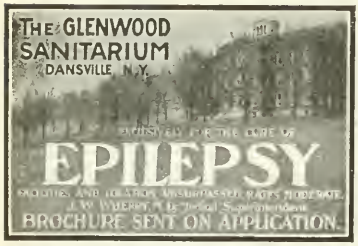

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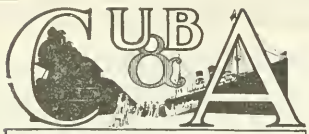

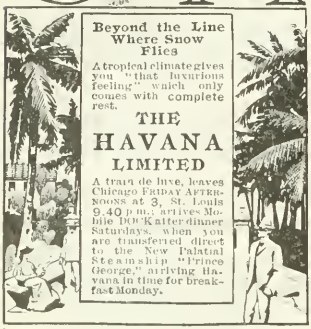

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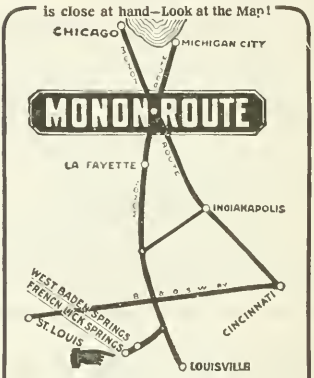

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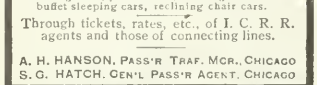

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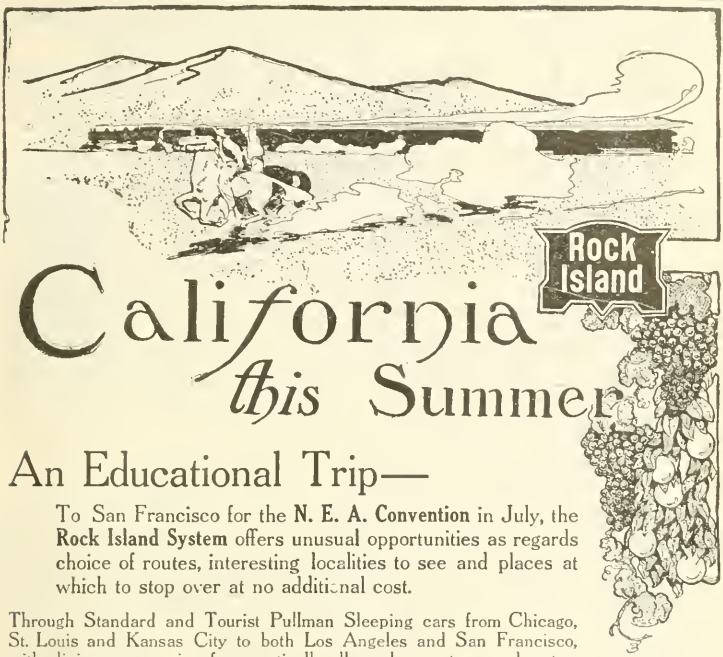

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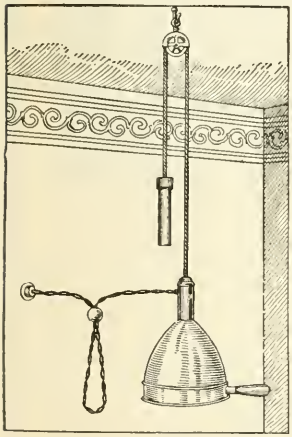
THE HABBE THERAPEUTIC LAMP



LARGE LAMP

OUR PRICE:

Large Lamp (complete)	$25.00
Small " "	10.00
(3) Colored Globes ($2.50 each)	7.50
Total	**$42.50**

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The best Therapeutic Lamp and most complete outfit on the market.

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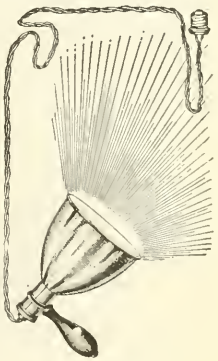

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Uric acid Solvent, alkaline urinary antiseptic.

DOSE—One or two tablets in a glass of water, three or four times daily. They should be dispensed in the tubes to preserve the effervescent property.

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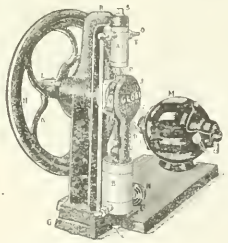

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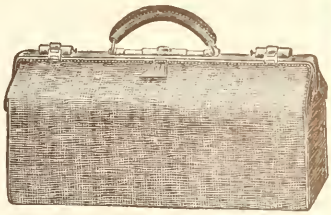

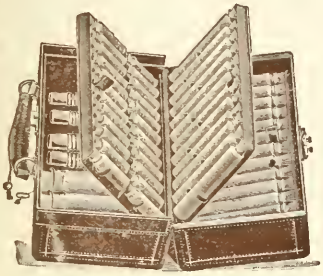

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